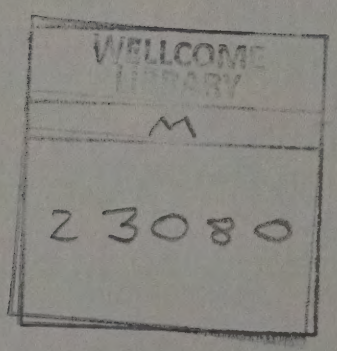
Inspecting Informing Improving

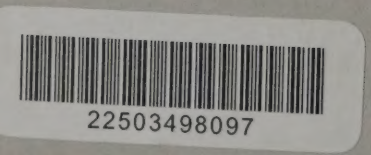
Healthcare Commission

Assessment for improvement Our approach

Have your say

Assessment for improvement – our approach A consultation document on the assessment of the performance of healthcare organisations





Contents

Key points

The proposed new approach to assessing the performance of healthcare organisations in England:

- aims to address issues that matter to patients, the public, clinicians and healthcare managers
- emphasises improvement and better outcomes
- takes account of existing and new NHS targets and new standards for healthcare set by the Government
- focuses in 2005/2006 on whether organisations are getting the basics right, with more emphasis on development and improvement in future years
- uses information to ensure a targeted and proportionate approach to assessment
- aims to make assessment less of a burden for those being inspected, including by coordinating work with other bodies carrying out inspection and regulation
- starts to align assessments of the healthcare provided by the NHS with those of the independent sector, and to report our findings to the public in a similar way

What is the role of the Healthcare Commission?

Our role is to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others.

What is this consultation document about?

Assessment for improvement – Our approach sets out proposals for a new approach to assessing the performance of organisations that provide healthcare in the NHS and independent sector in England.

We are consulting on our new approach until February 21st 2005. Following this, decisions will be made quickly so that healthcare organisations know how they are going to be assessed for 2005/2006.

Why are we changing the current approach for the NHS?

The current system of performance (or star) rating concentrates on performance in meeting the Government's targets for healthcare organisations – for example, waiting times to see a GP. These assessments will continue. However, the Government has now published a broader set of standards for all healthcare organisations and we also need to take account of these in assessing performance. The standards (see annex 4) cover issues of real concern to patients and the public, such as the safety, patient focus and clinical effectiveness of the healthcare organisation. They are more broad based than targets, giving a richer picture of how the healthcare organisation is performing.

What are the objectives of our new approach?

Our aim is that assessment of performance – and the information that is provided by the process – will promote improvements in healthcare in a range of ways. The new approach will help people to make better informed decisions about their care; it will lead to healthcare professionals developing and sharing better information on good practice; it will provide organisations with clearer expectations on standards of performance; it will enable managers to focus on areas of concern and learn from good practice; and it will tell the Government more about the quality and equity of services provided locally.

Relevant assessments for those who use, and work in, healthcare

To promote improvement, the system of assessment needs to measure and assess what really matters to people. This consultation will help us to improve the way in which we involve the public, patients and those who provide care, so that our assessments provide relevant, useful and robust information on what is important to them.

What are the principles of the proposed approach?

Our new approach reflects the Government's principles on the inspection of public services.

Central to this approach is the need to make assessment less of a burden for those being inspected. Some previous reviews of the NHS's performance involved large teams of inspectors spending several days on site, and imposed obligations on trusts to collect large volumes of data, occupying teams of their staff – for example, review teams of eight to ten people spending six days inspecting and requiring more than 50 different sets of documents.

The new approach will be different. It will not involve large teams of inspectors routinely visiting organisations, and it will not require the large collection of data as a matter of routine.

We will make better use of the information readily available to us to target our interventions to where there is cause for concern. Our interventions will be robust where standards are slipping. But, when organisations have demonstrated good performance and effective leadership, our assessments will have a 'lighter touch'.

What will we be assessing?

We will assess performance in relation to the Government's standards – common to all healthcare organisations – and to existing and new targets which the NHS is expected to achieve.

In 2005/2006, we intend to concentrate on assessing the compliance of NHS organisations with the core standards. But, as public confidence grows that core standards are being met, we will focus more and more on assessments of developmental standards that promote continuous improvement.

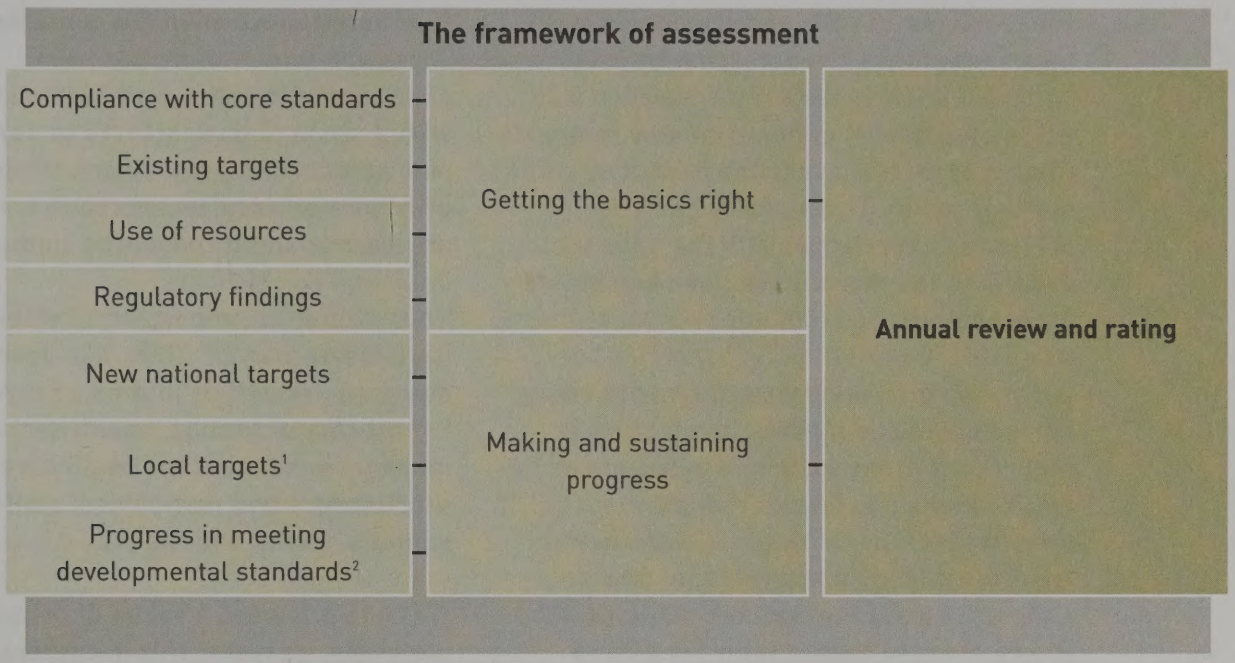
We have developed draft material on the standards, including prompts which trust boards may wish to consider, and sources of information on performance. This material is 'work in progress' that is being developed with the help of patients, clinicians and managers.

We recognise that for some types of healthcare services and organisations – for example, mental health, ambulance, learning disability and primary care trusts (including their role in commissioning) – the current standards and targets need to be interpreted in ways that make them specific to the needs of individual organisations, to capture the issues which really matter to them and their patients. We will be discussing with these organisations, and their patients, what more we can do to measure what matters.

The assessments that we make of the performance of NHS trusts are designed to help us to answer two questions:

- **is the organisation getting the basics right?**
- **is it making and sustaining progress?**

To answer these questions we propose a system of assessment with several components to be assessed and reported on separately. The components will be brought together for each trust's annual performance rating.



1. Getting the basics right

Core standards[3] are the standards that need to be met to ensure that services are of a safe and acceptable quality. In 2005/2006, we will concentrate on looking at how well core standards are met. We will:

- require trusts to make public declarations on the extent to which their organisation meets the core standards. We will expect these declarations to include the views of patients and other partners in the local health community. We will check them against other available information and follow up where there are concerns
- assess trusts' performance in meeting the existing targets that all NHS organisations are expected to meet in 2003–2006
- review trusts' use of resources and the value for money that they provide
- use other regulatory findings from the Healthcare Commission, other regulators and recognised independent reviewers as part of the assessment

2. Making and sustaining progress

Developmental standards point to the improvements that the Government expects all trusts to make to improve the quality of care and treatment provided. We will develop our proposals for assessing improvement with reference to the developmental standards from 2005/2006. We will:

- assess the performance of NHS trusts in working towards new national priorities and targets for improved outcomes and better experiences of healthcare for patients

[1] We will pilot the approach on local targets in 2005/2006 and not use local targets in the 2005/2006 annual rating.

[2] Assessments on progress against developmental standards will be phased in over time. We are currently piloting and developing a number of reviews which could contribute to assessment in 2005/2006. We will set out details on which reviews will contribute to 2005/2006 ratings after the consultation and evaluation of the pilots.

[3] *National standards, local action: health and social care standards and planning framework 2005/2006 – 2007/2008*. See www.dh.gov.uk/publications or telephone 08701 555 455.

- over time, assess the performance of NHS trusts in working towards local targets
- carry out improvement reviews which will assess the quality of healthcare by reference to developmental standards from a range of starting points. These reviews will be particularly concerned with the patient's experience across and between healthcare organisations

3. Providing an annual performance rating
We will publish our assessment of each component of the system of assessment. We will endeavour to ensure that all assessments are in a user friendly format. Assessments should, over time, provide a richer picture of the services provided by trusts. We also have a statutory duty to provide an annual performance rating for each NHS organisation.

What is our approach towards the independent sector?

Our aim is to align assessments of the healthcare provided by the NHS and the independent sector. The care of patients is increasingly provided by a combination of NHS and independent services. We need to coordinate our approach to assessing performance and report our findings to the public, so they can be sure standards are being met in both sectors.

In 2005/2006, we will move to a more risk based approach to inspection of the independent sector. From 2006/2007, we expect that, subject to legislation, we will assess independent healthcare by reference to the same core and developmental standards as apply to the NHS.

How to get involved in the consultation

Over several months, we have been working with a range of stakeholders to develop our new approach to assessment. While the principles of this new approach are clear, we are serious about consulting on the details.

Consultation is running for 12 weeks from November 29th 2004. It is open to everyone involved or interested in healthcare – from clinical groups, health service managers, independent healthcare practitioners and non-clinical staff to patients, carers and the public.

We have produced a range of consultation materials, including this document, a supporting booklet entitled *Understanding the standards*, and a summary for patients and the public.

These materials and additional supporting information are available on our website – **www.healthcarecommission.org.uk**. They are also available in hard copy. Call us on 0845 601 3012 and we'll post them to you.

To support this consultation process, we will also be running events across England. Some of these events will be hosted by us, but the majority will be hosted by other organisations. Details are available on our website.

You can provide feedback in several ways:
- complete and return the questionnaires attached to each of the consultation materials (online or in hard copy)
- come along to one of our events
- write to Consultation, Healthcare Commission, FREEPOST LON 15399 London EC1B 1QW

We are looking forward to hearing from you.

1 Introduction

The Healthcare Commission's main purpose is to promote improvement in health and healthcare in England. This document, *Assessment for improvement – Our approach*, describes:

1) how we propose to assess the performance of healthcare organisations so as to promote improvement

2) the way in which those assessments will help to determine annual performance ratings for NHS organisations, including NHS foundation trusts

Assessments of performance – and the information provided by assessments – can promote improvement locally. They help:

- individuals to make informed decisions about their care and the choices that they face
- local communities to work effectively to ensure local accountability for services and to ensure that services reflect local needs
- health professionals to develop and share information on good practice and to develop clearer expectations on standards of performance
- managers to focus on areas of concern and draw lessons from good practice
- Government to find out more about what is really happening locally

We are consulting on these proposals from November 29th 2004 to February 21st 2005. We would like your views on how effective you believe our approach to assessment will be in promoting improvement that will benefit everyone who uses and works in healthcare. As soon as possible after the consultation, we will announce how we will carry out our assessment from 2005/2006.

About the Healthcare Commission

The Healthcare Commission must meet the obligations placed on it in the Health and Social Care (Community Health and Standards) Act 2003. Our main duties in England are to:

- assess the management, provision and quality of NHS healthcare (including public health)
- review the performance of each NHS trust and award an annual performance rating
- publish information about the state of healthcare
- consider complaints about NHS organisations that the organisations themselves have not resolved
- promote the coordination of reviews and assessments carried out by others
- regulate the independent healthcare sector through registration, annual inspection and enforcement
- carry out investigations of serious failures in the provision of healthcare

Earlier this year, we announced the goals we want to work towards[4]. Our main goal, in keeping with our statutory responsibility, is to promote improvement in health and healthcare. Specific goals for 2004 to 2008 are to ensure that the public, patients and providers of healthcare have:

- the best possible information about health and healthcare, available as widely as possible
- a fair, thorough and timely complaints system
- a proportionate and coordinated regime of assessment
- a similar approach to assessment irrespective of provider
- an inspectorate that sets world class standards

Although our duty to carry out an annual performance rating does not extend to independent healthcare organisations, we are working towards a common framework of assessment for all healthcare organisations (see chapter 7).

The proposals in this document address our legal obligations in assessing and reviewing (and for the independent sector, regulating) health and healthcare (including the duties placed on us by the Race Relations (Amendment) Act) and are focused on meeting many of our strategic goals. Not all of our responsibilities, however, are covered in this document.

Our proposals relate to England. The Healthcare Commission also has certain duties in respect to Wales, mainly relating to

[4] Healthcare Commission Corporate plan 2004/2008

national reviews and to our annual state of healthcare report which covers England and Wales. However, local inspection and investigation of NHS bodies in Wales rests with the Healthcare Inspectorate Wales, while the Care Standards Inspectorate Wales inspects those organisations providing independent healthcare.

The environment we work in

Meeting the needs of different audiences: Patients are individuals, all with different needs, preferences, rights and entitlements. We know that some individuals and groups are less able to assert their rights. By looking at services through the eyes of such groups, we expect to promote greater equality in access to services and a higher quality of services that are personal and appropriate to individual patients.

The audiences for our assessments include the public, patients, clinicians, healthcare managers and the Government. The expectations of the different groups need to be balanced. For example, patients and the public experience healthcare themselves, hear from others about their experiences and receive information from the media. They may be concerned about particular issues or services, wanting reassurance and looking to the Healthcare Commission, as a watchdog, to inspect all aspects of healthcare organisations.

Managers and clinicians who work in healthcare may have different expectations. Some may prefer us not to intervene. Some welcome our assessment, seeing that things get done in an organisation when it is subject to inspection. Others want us to measure what matters to them, not Government's targets and standards. The performance (or star) rating currently applied to most NHS organisations are seen by some as a powerful tool for improvement, while others see them as intrusive and irrelevant.

We want clinical professionals to understand our objectives and to help to develop our proposals. Their work is fundamental to the quality of care and they are the people who deliver improvement. Our assessments must use their expertise and examine areas that they see as important. We need to involve clinicians in developing the elements by which we assess services, the way that we carry out assessment and the areas of care that we should prioritise in our reviews, to ensure that assessments measure what matters to clinicians as well as to patients and managers.

We want all who use or provide healthcare to feel that our assessments of performance measure and assess what they believe is important. We also aim to feed back the findings from our reviews in ways which can help all to continue to improve the delivery of service.

All of us have the shared goal of delivering better health and healthcare and we need to work together to achieve that goal.

Changing policies: Health and healthcare services are changing all the time. Substantial investment has been made to keep improving the quality of health and healthcare. This year, expenditure in the NHS in England is more than £67bn, and will rise to around £90bn by 2008. We will all see changes to the way in which services for health and healthcare are provided and organised in the future. For example:

- patients will receive services from an increasingly diverse range of NHS and independent providers
- patients will have the right to choose from any healthcare organisation that meets the Government's standards

- by 2008, the Government expects all NHS organisations to have the opportunity to become NHS foundation trusts
- more decisions are being made at the point where services are delivered in the NHS, with general practices commissioning care and services which are tailored to the specific needs of patients
- the Government has just published its proposals on improving the health of the population, placing new duties on providers of healthcare and others to take more account of improving our health and wellbeing

We must recognise that traditional patterns of healthcare are changing, along with the roles and responsibilities of those using and providing services.

National standards: National *Standards for better health* (see annex 1) have recently been established by the Government. *National standards, local action* was published in July 2004 after consultation. The Healthcare Commission will assess the performance of NHS organisations by reference to these standards. These standards, including national targets, will be the foundation for all our assessments. We will take them into account at every step.

A new approach to assessment

We must ensure that:

- basic standards are being met for everyone in our community
- improvements are always being sought, and that healthcare services provide value for money
- we bring together relevant information on the performance of providers of healthcare and make it available to patients and clinicians, so that we can all make better informed decisions

We have drawn from the experience of others to develop a new approach to assessment. The following sections of this document set out our principles and approach from 2005/2006:

- chapter 2 sets out the principles we have used for our framework of assessment
- chapter 3 introduces its main features
- chapters 4 and 5 cover the two main parts – 'getting the basics right' and 'making and sustaining progress'
- chapter 6 deals with the overall annual performance rating
- chapter 7 covers how we will assess independent healthcare
- chapter 8 explains how to respond to our proposals

Questions

Ensuring that assessments are relevant to those who use, and work in, healthcare:

Will our proposals ensure that we engage effectively with patients, the public and healthcare professionals? Are there other or different steps we should be taking?

Are we measuring what really matters:

- for patients and the public?
- for clinicians?
- for different types of healthcare organisations?

Is there anything else that should be included in our proposals?

How often should we present our findings and what format would you find most useful?

2 Guiding principles for the new approach to assessing performance

This chapter sets out the 11 guiding principles for our approach to assessment. These reflect the Government's principles on the inspection of public services.

1. Promote improvement and focus on outcomes

This is our fundamental objective. Our focus must be on positive outcomes and the right for all patients, users of services and the public to improve their health and to have good healthcare. For us, this means:

- ensuring that, where we make a judgement that things have gone wrong, we monitor progress to ensure that they are put right
- emphasising steps to improvement and supporting continuous improvement, rather than reviewing and criticising the past
- placing equal emphasis on preventing disease and promoting health, as on healthcare
- making a long term commitment to improving health and healthcare by following up and monitoring changes over time

2. Take the perspective of the public and patients

We will ensure that:

- assessments reflect the expectations and concerns of the public and patients
- the results of assessments will be provided in a clear way so that they can help people make good decisions and choices about healthcare
- assessments take into account how well services involve patients and the public locally in setting priorities and delivering services, and the ways in which patients experience services (the patient's journey)
- assessments check that organisations comply with legislation concerning human rights and equality[6]

3. Emphasise that healthcare organisations must assure themselves of the quality of their organisation

The new standards make it clear that trusts and their boards have to assure themselves that they meet the core standards and are making progress in meeting developmental standards (see chapters 4 and 5).This responsibility, placed on trusts by the Government, has not been as explicit or as public in the past.

4. Measure what matters for users, recognising the different types of healthcare organisations

We must ensure that our annual review of an organisation's performance reflects the issues in each healthcare sector – for example, providers of mental health care, primary care organisations, ambulance, learning disability and acute services, and the role of commissioning by PCTs. Some components of the system of assessment, such as national targets, relate to a smaller part of the work of some sectors than others. Our ambition is to work towards providing a rounded view of performance in all sectors, as well as one that reflects the relevant issues in particular sectors of healthcare.

5. Use information intelligently

We will collect and use information that is useful to patients, the public and providers of healthcare in a way that avoids being burdensome. Our emphasis will be on the analysis, interpretation and sharing of information (we call this 'intelligent

[5] Refer to the Prime Minister's Office of Public Services Reform *Government's policy on inspection of public services*, July 2003.

[6] Under the Human Rights Act 1998, public bodies have a positive duty to have regard to the rights enshrined in the *European convention on human rights*. This is given legal force by the race relations, disability discrimination and sex discrimination acts, and by legislation on employment in relation to sexual orientation and religion and belief.

information'). Where possible, we will use existing sources of information and try only to collect information that organisations need and use to manage themselves. Information technology (IT) will help us to do this[7]. We aim to use information to:

- provide objective evidence to inform our judgements on the quality of health and healthcare and value for money, analysing trends over time and providing early warnings of problems
- scrutinise the assessments that organisations make of their own performance
- provide relevant, accessible and useful information in a range of ways

6. Assess performance, not manage performance

Our role is to assess performance, rather than manage it. Healthcare organisations manage their own performance, taking account of our findings. We recognise that the requirements of performance management can mean that the desire to meet a particular target in one area may sometimes create problems in another. We will be alert to such issues.

We will develop a risk based and graduated approach to intervention. Many issues will be resolved through brief contact with senior staff in a trust. Formal visits and inspection will be the exception rather than the rule.

In cases where we have serious concerns about performance, we will carry out a formal investigation. This will be focused on understanding what is going wrong and why, and agreeing an action plan for improvement. Special measures, such as referral to the Secretary of State for Health, and, for foundation trusts, Monitor, may be applied if serious concerns about performance are identified.

7. Work in partnership with other regulators

We will work with other regulators to provide patients and the public with a richer picture of overall performance and to reduce unnecessary requirements arising from the actions of a number of bodies. In June 2004, 10 bodies concerned with inspection, regulation and audit in healthcare published a *Concordat*. This aims to improve the quality and coordination of inspections and to reduce the burden that they place on healthcare services.

Our assessments will take account of reviews carried out by other regulators and bodies with statutory powers. For example, we will accept and incorporate the assessments from the clinical negligence scheme for trusts (CNST) into our work.

We need a clear relationship with Monitor, the independent regulator of foundation trusts. This will recognise that our roles are distinct but that we work within the same system. Monitor is responsible for ensuring that foundation trusts operate within the boundaries detailed in their authorisation specifically meeting financial, governance and mandatory service requirements. The Healthcare Commission is responsible for assessing the quality of the performance of all NHS organisations, including foundation trusts. We will continue to cooperate to ensure we complement each other, without compromising our legal responsibilities.

[7] Our strategy for developing intelligent information will be published shortly in collaboration with the National Programme for IT and the proposed new national health and social care information centre.

8. Target our work, allowing healthcare staff to do their work

We are determined to make assessment less of a burden for those being inspected. We want people providing care to spend their time looking after patients, not getting new information for us. At the same time, we want to provide an appropriate level of confidence for the public in the quality of services that they receive.

Some previous reviews of NHS performance routinely involved large teams of inspectors spending several days on site, and imposed obligations on trusts to collect large volumes of data, occupying teams of their staff. For example, teams of eight to ten people spending six days inspecting and requiring more than 50 different sets of documents.

Our new approach will not involve teams of inspectors visiting all organisations every year. We will make better use of the information available to us to target our interventions where there is cause for concern. Our interventions will be robust where standards are slipping. But, when organisations have consistently demonstrated good performance, our intention will be to rely on the effective use of information and good local intelligence rather than on formal visits and inspections, to ensure that standards are being improved.

9. Ensure that our people do the right things in the right place

Our staff have a wide range of skills and experience. Our proposals represent a new way of working. We will seek to ensure that we make the best use of the talent available to us and that our staff are well trained and developed, with the competence to apply sound judgments.

Our assessments also need to be sensitive to local circumstances. We will not presume to be able to understand local issues from one national base. From early 2005, we will have staff based locally who will:

- work with healthcare organisations, their partners, patients, community groups and the public so that we are aware to local issues
- provide (and receive) evidence for making assessments
- enable us to coordinate regulation, making the *Concordat* work locally
- be involved in the whole process of assessment

10. Deliver robust judgments through open and fair processes

The way in which we work, and are seen to work, is essential to our success. Our judgments must be robust, fair and timely. We will:

- publish guidance for healthcare organisations on our assessments in advance, so that they can understand our processes and how we propose to reach judgements
- ensure that our judgements are based on strong evidence
- offer organisations the opportunity to discuss draft assessments
- enable healthcare organisations to challenge our assessments through a formal appeals system
- learn from experience in improving our systems and methods of assessment

11. Ensure our process of assessment provides value for money

Inspection and regulation of any kind has costs. Resources spent on assessment must be justified in terms of the benefit provided. Therefore, we will assess the cost of our activities, including the cost for healthcare organisations, to demonstrate our added value. We will put processes in place to collect our own costs for each type of assessment, as well as to assess costs for trusts.

We also need to measure the benefits of our assessments in relation to costs. Such an approach is very challenging. The link between our intervention and positive outcomes is not straightforward, and it will take time. We will conduct research on the benefits and examine how far our expectations of the systems of assessment are being met, including collecting feedback and commissioning opinion research on the perceptions of patients, local people, clinicians and managers.

Questions

Will our proposed approach lead to improvement, in particular:

Will our proposals identify failings in the provision of healthcare and lead to appropriate steps to address these?

Will our proposals offer sufficient support to healthcare organisations' continuous efforts to improve their services?

Do you believe that the assessments that we make will be fair?

Do you believe that we will make assessments transparently?

3 Overview of the new approach to assessment

This chapter provides an overview of:

- the standards and targets that provide the foundation for the new assessment for improvement
- the main components of the system
- the broad timetable for taking the assessments forward in 2005/2006

Standards and targets

National standards, local action details a set of common requirements for all healthcare organisations. The standards are designed to cover the full range of healthcare, including prevention of illness and disease and the promotion of health. They cover the performance of individual organisations and how well they work together. They provide a strong foundation for assessing performance on what matters to the public, patients and healthcare professionals and to measure what is of value. The standards are grouped around seven domains:

- safety
- clinical and cost effectiveness
- governance
- patient focus
- accessible and responsive care
- care environment and amenities
- public health

Each domain is divided into core and developmental standards.

Healthcare organisations must meet core standards, which describe services of a safe and acceptable quality. Contained within these core standards are several existing targets that trusts are expected to meet before 2005/2006 or which need to be met during the period to 2007.

The standards also require healthcare organisations to meet developmental standards, to work towards continuous improvement in the overall quality of care. These standards include a requirement to comply with national service frameworks and National Institute of Clinical Excellence (NICE) guidance. To support progress towards developmental standards, the Department of Health has set new national targets to be achieved in the coming years.

Annexes 1, 2 and 3 provide a summary of both the core and developmental standards and targets.

Taking account of standards in assessing performance

During the consultation period, we will seek the views of those who use and provide services on how we identify and assess what really matters in taking account of the standards in assessing performance.

In consultation with patients, clinicians and managers, we have started to develop draft material, which may provide guidance for organisations in thinking through their approach to the standards (see annex 4 and the Healthcare Commission website – www.healthcarecommission.org.uk). This material covers:

- identifying the measurable elements of the standards
- the key issues or prompts which trusts may wish to consider in satisfying themselves that they meet the core standards
- the most relevant indicators to be used for an initial check on performance and outcomes for each of the core standards
- the value and ways of developing frameworks for each domain of the standards, which set out the main steps in moving from 'satisfactory performance' on the core standards to 'very good performance' on the developmental standards

Components of the new system of assessment

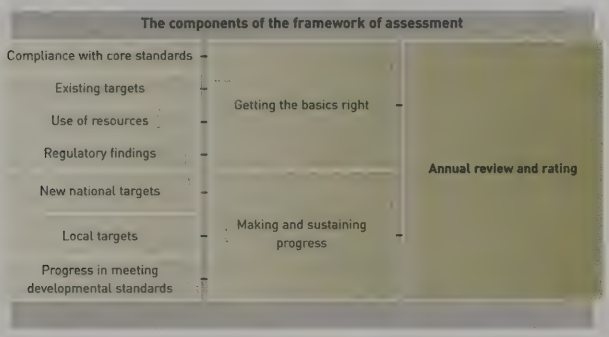
The assessments that we make of the performance of NHS trusts are designed to help us to answer two questions:

- is the organisation getting the basics right?
- is it making and sustaining progress?

To answer these questions, we propose a system of assessment with a range of components. Each component:

- will be assessed and reported on separately
- will trigger follow up action as appropriate
- will inform the annual performance rating for each NHS organisation

Getting the basics right



In 2005/2006, our focus will be on assessing the performance of NHS trusts in complying with the core standards[8].

Chapter 4 outlines how we propose to assess NHS trusts' compliance by:

- requiring each trust to make public declarations to their local communities on the extent to which they meet the core standards. This declaration will have to include the views of patients and other partners in the local health community. We will check whether declarations are consistent with other available information on a trust's performance and on the outcomes being achieved, and follow up where there are concerns. We will also conduct unannounced spot checks of the evidence used by trusts in their declarations
- assessing their performance against the existing targets that all NHS organisations are expected to meet in 2003–2006
- reviewing their use of resources and value for money
- using other regulatory findings from the Healthcare Commission, other regulators and recognised independent reviewers

Making and sustaining progress

Developmental standards signal the improvements that the Government expects all NHS trusts to make to improve the quality of the care and treatment that they provide. Chapter 5 introduces our proposals for assessing improvement with reference to the developmental standards. We propose to introduce these forms of assessment from 2005/2006. The work will involve:

- assessing the performance of NHS organisations in working towards national priorities and new targets for improved outcomes and improved experience of healthcare by patients
- assessing the performance of NHS organisations in working towards local targets. We will pilot this work next year but assessments of local targets will not be used in the 2005/2006 rating
- carrying out improvement reviews. These will include examining performance in a particular domain of the developmental standards (starting with safety, governance, access and public health) and reviewing outcomes from the patient's viewpoint in relation to services provided across healthcare organisations. A priority is to develop a way of using an assessment of the quality of their leadership and organisational capacity to judge their ability to sustain improvement and make progress in meeting the developmental standards on governance.

We are currently piloting and developing a number of improvement reviews (see annex

[8] "Meeting the core standards is not optional. Healthcare organisations must comply with them from the date of publication of this document," *National standards, local action*, Department of Health, July 2004

8), which could contribute to assessments in 2005/2006. Subject to progress, we propose to introduce assessments gradually in 2005/2006. We will announce which reviews will contribute to the 2005/2006 ratings after this consultation and the evaluation of the pilots.

Rating performance

We are proposing new ways to describe the ratings of NHS organisations to replace the current descriptions of zero, one, two or three stars.

Our proposal is for a standard five point scale for rating the various components of the assessment framework. This will normally be:

- **very good performance**
- **good performance**
- **satisfactory performance**
- **unsatisfactory performance**
- **serious concerns about performance**

For assessments on getting the basics right, the maximum score a trust can achieve will be 'good performance'. For assessments on making and sustaining progress, the full five point scale will be used.

The assessment of leadership and organisational capacity will also use a five point scale. But, because this assessment is forward looking, different descriptions are needed on the five point scale. We are proposing a range from 'very good' prospects to 'serious concerns' about prospects. This is described further in annex 5.

The scale is compatible with scales of assessment used in local government and proposed by Monitor and will, where relevant, take account of their ratings.

Providing an overview of overall performance in an annual review

Each form of assessment that we propose should provide evidence for the annual review and performance rating of NHS organisations. Chapter 6 sets out our proposals for rating each organisation's performance on the different components of assessment to provide an overall annual performance rating.

Timetable for taking forward the new system of assessment

Over time, our focus will shift from getting the basics right towards assessment that promotes development and improvement. In implementing these proposals, we will take a different approach on getting the basics right from getting better and building the capacity to improve further. The latter system will take longer to develop. This means that:

- our assessments of performance in relation to core standards, existing targets and use of resources will be introduced for all NHS organisations in 2005/2006, drawing on assessments by other regulators and other information
- our assessments of improvements in performance in relation to new national targets will also apply to all relevant organisations in 2005/2006
- assessments in relation to developmental standards will be implemented for some NHS organisations in 2005/2006 and developed further in the following years
- assessments in meeting local targets will be piloted, but will not be used for the rating in 2005/2006

Some elements of our assessments will be introduced at different times for different types of NHS trusts. Annex 6 offers a guide to which elements we propose should contribute to a trust's performance rating in 2005/2006 and which elements may be introduced from 2006/2007.

After this consultation, we will write to each NHS trust to confirm which forms of assessment will apply in 2005/2006.

We have also developed a timetable for the 2005/2006 annual review and the performance rating for each NHS organisation. The timetable aims to offer NHS organisations a useful guide as to how and when we will address each component of their annual review and performance rating. Our current working assumptions are attached at annex 7.

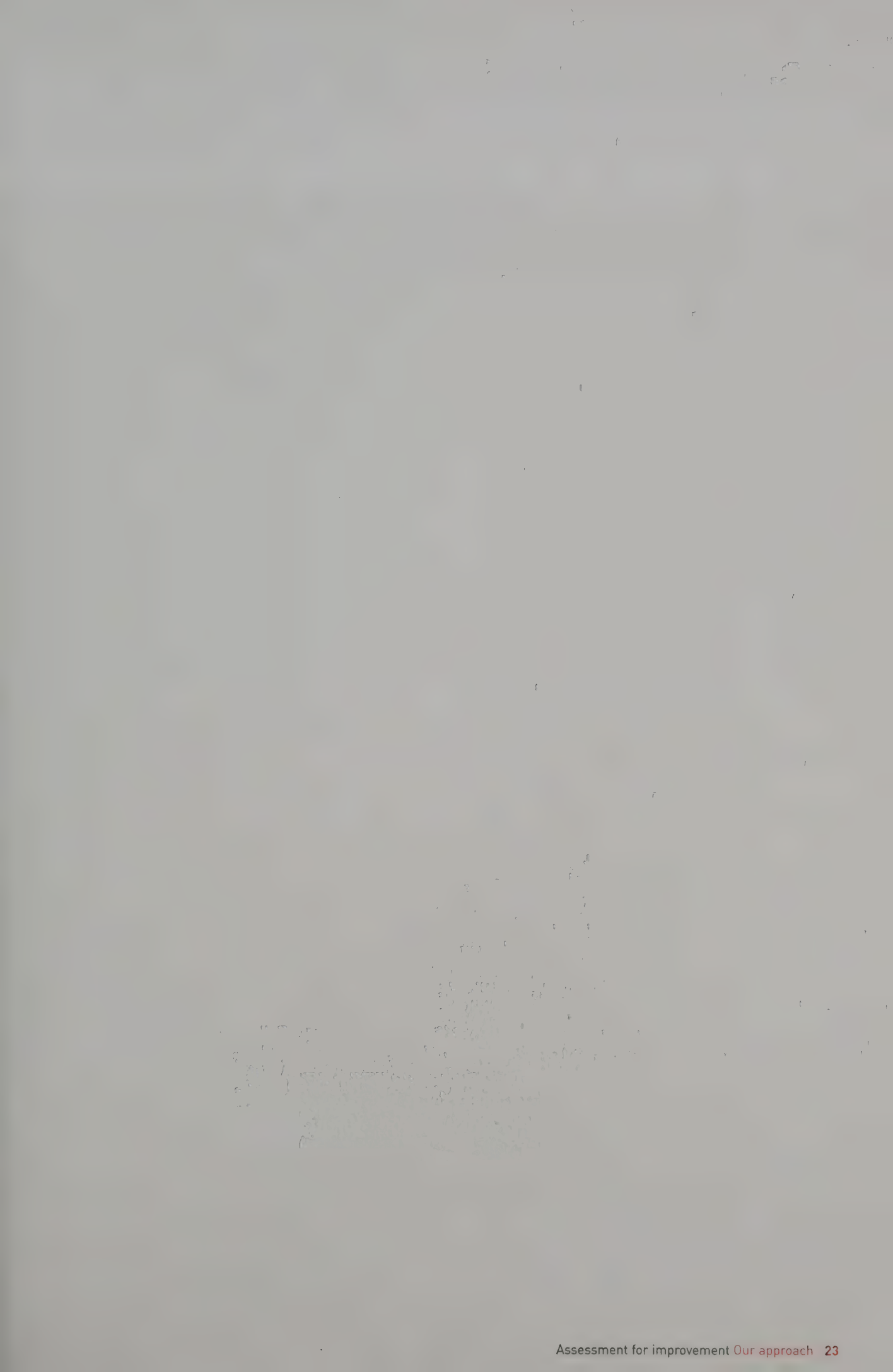
Questions

We propose to phase in the new methods of assessment rather than introduce them all in 2005/2006. Do you have any concerns about this phased approach?

Can you suggest better ways that we can use information? How can we help to assure and improve the quality of information available to us?

Does our proposed approach live up to the Government's principles for better regulation? In particular, will they achieve the right balance between:

- effective assessment without undue burden on those assessed?
- healthcare organisations taking responsibility for their own performance and effective independent assessment?

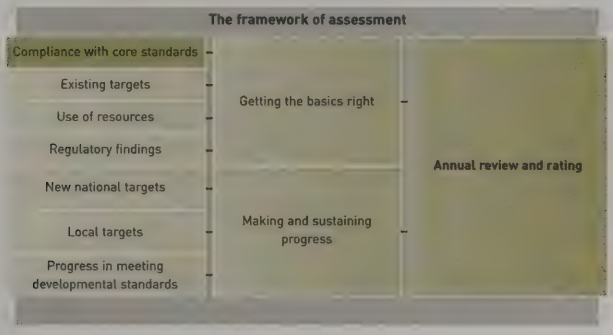


4 Getting the basics right

This chapter describes how we will assess the extent to which trusts are getting the basics right. There will be four components to this:

- requiring trusts to make public declarations on how far their organisation meets the core standards, with appropriate checks and balances to ensure public confidence in the accuracy of those declarations
- assessing their ability to maintain levels of service by reference to existing targets
- reviewing their use of resources and the value for money that they provide
- using other regulatory findings where appropriate

Compliance with core standards



Within *Standards for better health* (annex 1), there are 24 core standards, describing the minimum acceptable level of service that all NHS organisations must provide. We believe these are the basics that all trusts should be achieving. Our assessment will provide an overview of how far NHS organisations are in fact doing this. We expect most to be meeting the basics, or to have plans in place to ensure that they soon will.

Our approach to the core standards builds on the responsibility of trust boards to ensure that their organisation meets each of the standards.

The starting point for our assessment will be a requirement for trust boards to make public declarations to the communities that they serve – and to the Healthcare Commission – on the extent to which their organisations meet the core standards. Trusts will have to include the views of the local health community in their declaration. As a minimum, this should include strategic health authorities, local authorities and patient forums. We will provide guidance on what needs to be declared and carry out checks to establish any areas of possible concern which would need to be followed up.

Many trusts already make public commitments to their communities. However, we intend that a specific declaration on the core standards should become an important part of the local accountability of trusts. In order to make such a declaration, trust boards will need to have systems to assure their compliance with the core standards. We anticipate that many trusts will wish to integrate these systems into existing processes of assurance designed to support their annual statement on internal control.

Scenario – compliance with core standards

St Somewhere's Hospital Trust was preparing to make its annual declaration on performance in meeting the core standards. The Healthcare Commission had raised some concerns about the level of cleanliness in the hospital from recent complaints and patient surveys. Throughout the trust, the level of hospital acquired infection was not in line with Government targets. The trust consulted its patient and public involvement forum who reinforced this concern.

The Healthcare Commission discussed the issue with the trust's Chief Executive and her team, informing them that the trust needed to take urgent action. If it did not, the Commission would have no option but to give the trust a rating of 'serious concerns' in relation to the core standard on cleanliness and to rate it 'unsatisfactory' in meeting the existing target to reduce hospital acquired infection.

The trust, in consultation with the patient and public involvement forum, responded energetically, producing and implementing an action plan. This was done in time to update its declaration. At a local level, the Commission will monitor further improvements, particularly through data on hospital acquired infection, patient surveys, complaints and staying in touch with the patient and public involvement forum.

Our assessment of a trust's compliance with the core standards has five steps.

Step 1: It is for trusts to ensure that they meet the core standards. We will issue guidance as soon as possible after this consultation on how we will judge compliance with each of the core standards, and on the systems that we expect trust boards to have in place to assure themselves of their compliance.

Step 2: We expect that in September we will require each trust board to make a declaration on the extent to which its organisation meets the core standards. The declaration will need to incorporate two important checks:

- the views of internal and external auditors on the methods by which the trust board has arrived at its conclusions
- the views of partners in the local health community, including the strategic health authority, the local authority overview and scrutiny committee, and patients' forum, on the extent to which the trust is meeting core standards

Step 3: We will check whether trusts' declarations are consistent with other available information, such as surveys and information received from other regulators (see annex 4 for a list of sources of information). For example, if a trust has declared it will meet the standard on safety, we will look at relevant outcome information, such as MRSA rates.

Step 4: Where we are concerned that a core standard is not being met, we will approach the trust for further evidence. On the basis of this, we will judge whether there has been a failure to meet the core standards.

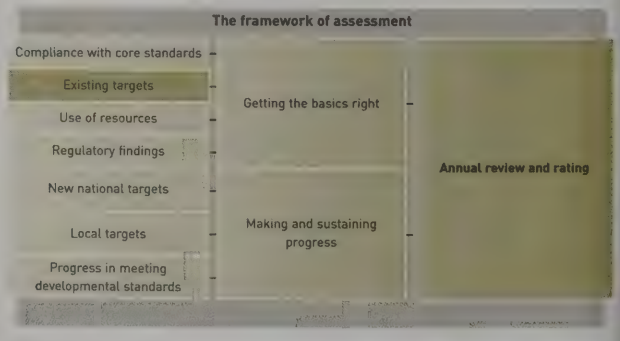
At the same time, we will require additional evidence on compliance from some trusts, selected at random. We will involve groups of patients and the public in this step. These checks will make it clear to every trust that they may be required to support their declaration with evidence.

Step 5: On the basis of the trust's own declaration and our subsequent checks, we will classify the trust's compliance with core standards using the lower four categories of our standard five point scale:

Category	Applies
Very good performance	–
Good performance	●
Satisfactory performance	●
Unsatisfactory performance	●
Serious concerns about performance	●

A rating of 'good' would be applicable to trusts judged to have complied in all relevant respects with the core standards. Where limited failures in compliance have been recognised by a trust and are being put right, we will classify performance as 'satisfactory'. Major failings, including those the trust board has failed to recognise or act on, will lead to a classification of 'unsatisfactory' or, in the worst cases, 'serious concerns'[9].

Existing targets



National standards, local action identifies 20 targets to which the NHS has existing commitments (see annex 2). These comprise nine targets that trusts are expected to meet before 2005/2006 and 11 that need to be met at various stages up until 2007. All are

[9] A very small minority of declarations may have been intended to mislead. We will take serious and public action where we find this.

identified as part of the core standards[10], emphasising the Government's expectation that all of these targets will remain priorities for the NHS. Only a subset of targets is relevant to any given type of trust. In spring 2005, we will advise trusts which set will be used in their assessment.

Our approach to assessing trusts' performance in meeting these targets will be broadly similar to the current star rating system. The precise definitions of the indicators to be used to assess performance in relation to the targets will be made available to trusts in spring 2005. Where indicators are already part of the current system of performance rating, only minor changes to current definitions are anticipated.

For each indicator, we will assess a trust's performance in relation to the target. The current system of performance rating has been criticised for failing to sufficiently acknowledge improvements in performance that a trust may make within a year. Our annual assessment of performance will reflect improvements over the year, although only complete achievement in meeting targets will achieve the highest rating.

We will combine the results for the individual indicators using a set of rules that will lead us to classify performance in relation to the existing commitments, using one of the four relevant standard categories.

As different numbers of targets are relevant to different types of trusts, the rules will vary between types of trust. In 2005/2006, we propose treating commitments to be achieved before March 2006 differently to those to be achieved by the end of 2006. The latter will represent new priorities for the NHS, and our definition of satisfactory may need to reflect the fact that we will be assessing improvement in performance, rather than maintenance of targets already met. The definitions of the rules we will use will be published in due course.

Scenario – meeting targets

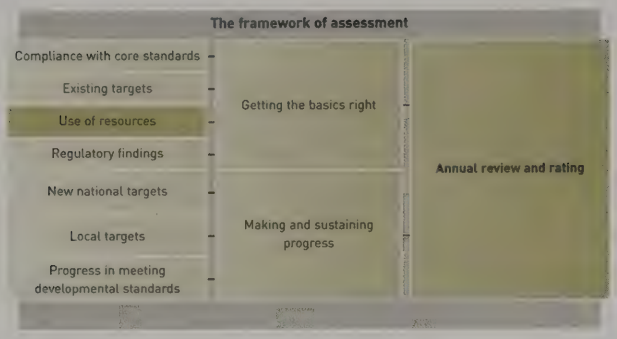
Miss X, whose mother died of breast cancer, had found a lump in her breast. She was particularly worried because her mother's disease had not been diagnosed early and then she had to wait for treatment.

She contacted the local patient and public involvement forum, which suggested that it would be worthwhile to contact the Healthcare Commission for advice. She logged on to its website to find out how long she would have to wait for an appointment at a breast clinic. She was relieved to see that both of the nearby hospitals were meeting their existing commitments to see all referrals for cancer within two weeks and took no longer than two months from the time of an urgent referral to provide treatment. Even better, she discovered that one of the hospitals was meeting a local target on offering an out of hours counselling service for all women with breast cancer.

She went to see her GP later that day, who referred her for an urgent appointment. She explained that she would like to go to the hospital with the counselling service and he was able to book her into the clinic on the spot.

[10] Specifically, standard C7f

Use of resources



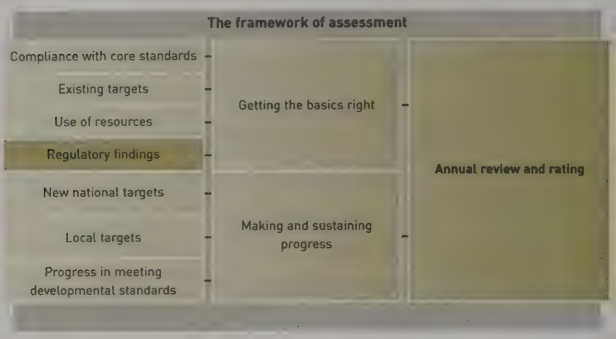
One of the core standards in the domain of governance requires healthcare organisations to ensure that their financial management achieves economy, efficiency, effectiveness, probity and accountability in the use of resources. The use of resources in a trust influences its ability to maintain and improve services. Therefore, we propose to make a review of trusts' use of resources as the third element in assessing how far trusts are getting the basics are right. The assessment will ask:

- is the financial position adequate?
- is financial management effective?
- is financial governance effective?
- is value achieved from the resources used?

Our assessment of the use of resources is an important illustration of the way in which we aim to integrate the findings of other regulators with our reviews. We will make our assessments using the results of work carried out by the Audit Commission's appointed auditors (for non foundation trusts) and by Monitor (for foundation trusts). Both will provide the information as part of their existing work. We are working with these bodies so that we will be able to produce broadly comparable assessments of the use of resources in both foundation and non foundation trusts.

As with the other elements of our review of getting the basics right, our aim will be to classify performance in one of four categories on the five point scale.

Using the results of other regulatory findings



We will use the findings from other organisations involved in review, inspection and regulation, and from other reviews that we carry out, in our annual review and performance rating of each NHS trust. This is part of our statutory role of coordinating inspection in healthcare.

Currently, the star rating system does not take account of, for example, an adverse finding against an organisation by another statutory body, such as the Health and Safety Executive, or indeed, our own investigations into serious failings.

By using these findings, we will be able to present a more comprehensive picture of a trust's performance than has previously been possible. It will also allow us to avoid the possibility of a trust being criticised by one organisation, while another gives it a high performance rating.

There are several types of review of healthcare. Most come under one of the following categories:

- reviews by bodies with regulatory powers, including the signatories to the *Concordat*
- peer reviews
- reviews by others, including professional societies, patients' groups and royal colleges

We propose to feed findings from these, and other reviews that we carry out, into our annual review of each NHS trust in an open and transparent manner. We will do this:

- indirectly, for example, as evidence in establishing whether a trust has met the core standards, or in informing our improvement reviews
- as direct contributions in their own right, when the review that it is supposed to use meets certain specific criteria

We will clarify how we propose to handle other regulatory findings for assessment purposes by spring 2005.

Questions

What comments do you have on:

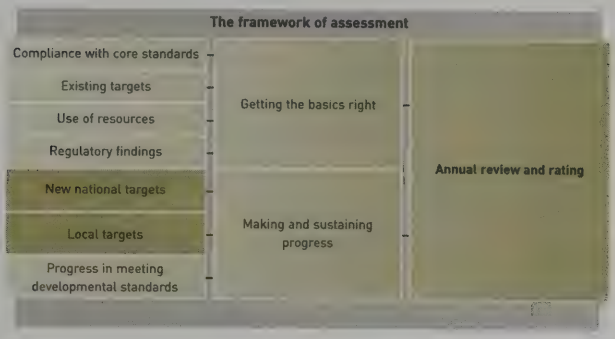
- the processes by which we are proposing to assess compliance with the core standards, in particular, the intended use of a trust's declaration that incorporates the views of other organisations in the local healthcare community?
- the draft guidance that we have published on what trusts might want to take into account in satisfying themselves on compliance with the core standards?
- the information that we are proposing to use to consider outcomes relating to the core standards?
- our proposed approach to the measurement of existing targets?
- the proposed approach to our assessment of a healthcare organisation's use of resources
- our proposed approach to the use of other regulatory findings?

5 Making and sustaining progress

This chapter describes the activities that we propose, starting in 2005/2006, to assess progress made by NHS organisations in ensuring continuous improvement in the quality of care that people receive. The developmental standards are the starting point for these assessments. There will be three components to this approach:

- assessing progress in meeting new national targets
- over time, assessing progress in meeting local targets
- assessing progress in meeting developmental standards through a programme of improvement reviews, and considering how we could introduce defined improvement paths to chart improvement over time

New national and local targets



From 2005/2006, NHS organisations will be required to work towards new national and local targets (see annex 3) designed to promote improvement. NHS organisations must work towards achieving 20 new national targets[11], covering four priority areas:

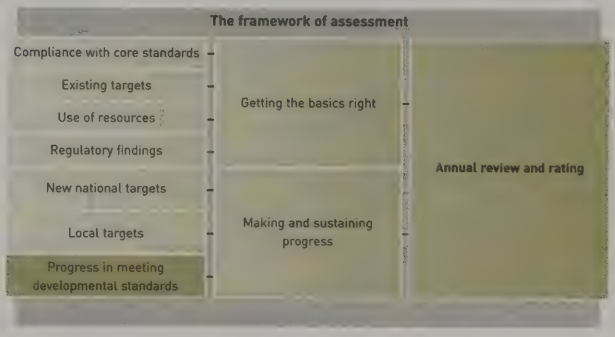
- improving the health of the population
- supporting people with long term conditions
- access to services
- the experience of patients and users

We are working with the Department of Health and strategic health authorities to agree how the national target indicators will apply to each type of trust and what level of achievement is expected each year. Where appropriate, in 2005/2006 we will assess trusts by reference to their planned level of improvement for that year, which is intended to lead to full delivery of the new national targets.

Following this consultation, we will confirm how we will measure performance in meeting targets and how we will collect the information from trusts. We intend to use an approach similar to that used to assess delivery of existing targets, described in chapter 4. To achieve an overall score on the annual rating of 'satisfactory' or better, a trust will need to achieve the planned delivery on the new national targets.

We intend, in time, to include an assessment of achievement in meeting both national and local targets. However, the process of setting local targets is new and there are significant issues to address to ensure consistency in assessment across the country and across sectors. We will work with NHS organisations as they set their first local targets, and pilot our approach to assessment during 2005/2006. We will not use local targets in the 2005/2006 ratings.

Assessments of progress in meeting developmental standards



The developmental standards take account of the increasing expectations of patients and the right of the public to expect extra investment of money in the NHS to lead to improvements in services.

The developmental standards cover areas that many working in healthcare will see as something to aspire to. Through the system of assessment, we aim to set out an improvement path where organisations move from a basic level towards current best practice in performance. As we come to re-assess a particular aspect of healthcare, we will expect services to have improved, so a higher level of performance will be necessary to meet changing expectations.

[11] Some targets do not apply to all types of NHS trust.

Assessing each organisation's progress in meeting standards presents us with challenges. The developmental standards reflect the complexity of healthcare. Some have an organisational focus, others address the need for whole systems of healthcare to work together. Some require action to be taken at the point at which services are delivered, others still require services to be reorganised. We intend to work with those who use and provide services to develop effective ways to assess progress along the improvement path.

Because of the complexity of the task, we do not think there should be a single approach to how we assess performance. Different standards require different approaches. All approaches must be based on the things that people who use and provide services tell us are important.

We are proposing a rolling programme of improvement reviews. These will enable us to make assessments exploring the quality of healthcare from a range of different, but inter-related, starting points, including:

- examining performance in meeting the developmental standards by reference to particular domains, starting with safety, access and public health. We will also give priority to work assessing performance in the domain of governance, given its importance to overall performance
- undertaking reviews of particular aspects of healthcare from the perspective of patients, which will assess services provided across healthcare organisations with reference to relevant standards by, for example, looking at groups of the population groups, such as children, services such as those for mental health, or conditions such as diabetes

As part of this programme, we will also give attention to our statutory duty to assess how well public money is spent to improve health and provide healthcare by examining economy, efficiency and effectiveness in the NHS. We will also look at the impact for patients and the public of some of the major changes in the way healthcare is commissioned and provided. In some cases, this will be the main focus of a review – as in our current review of foundation trusts.

We are currently piloting and developing a number of improvement reviews which could provide information for the 2005/2006 annual review and rating (see annex 8). We will set out details of which reviews will be carried out in 2005/2006 after this consultation and the evaluation of the pilots.

Developmental standards are the starting point for each programme of work, described below.

1. Improvement reviews – domains

Improvement reviews will assess performance in meeting developmental standards by reference to particular domains. They will be phased in from 2005/2006, starting with the following pilots:

- **patient safety** – focusing on the control of hospital acquired infections and on hospital cleanliness
- **access** – focusing on the role of commissioners of services in securing improvements for their communities, with particular reference to more disadvantaged groups
- **public health** – reviewing sexual health and tobacco control as aspects of PCTs work on public health. We also propose to test a wider approach to this domain to include the

planning and delivery of measures relating to public health by all healthcare organisations within a local area, and their interaction with other local government agencies. We are committed to working in partnership with the Audit Commission on this development

2. Improvement reviews – governance (leadership and organisational capacity)
Because of the importance of effective governance, one of our priorities is to develop a method of assessing a central element of the domain of governance. We have called this an assessment of leadership and organisational capacity. It will be important in:

- showing where healthcare organisations need to strengthen and develop their leadership and capacity
- providing early warnings of potential failures so that organisations can take preventative measures
- identifying examples of strong leadership and organisational capacity to which others can aspire

Our review of research from the public and private sectors and engagement with senior leaders from the NHS suggests that the performance of any healthcare organisation correlates closely with four groups of characteristics:

- direction, including strategy
- culture, including leadership by the board and executive team, involvement of clinicians in corporate decision making, involvement of and communication with staff, empowerment of staff and team working
- core processes, including performance management and processes for managing human resources
- relationships with and involvement of other healthcare, social care and voluntary organisations, and patients and the public across the diverse range of the local population – for example, involvement in local integrated children's services

We propose to screen all organisations over three years using existing data and a form of self assessment. Organisations will receive a score, based on the assessment and a report. For the majority of trusts the review will end at this point. A team will visit those trusts assessed as having poor prospects to help them to develop an improvement plan. High performers will not generally be assessed again for three years. We propose to treat this assessment differently from assessments of *current* performance in the annual review, as it relates to the prospects for *future* performance. Chapter 6 discusses this further.

The programme of assessments will begin in the autumn of 2005. We propose to start by piloting our methodology of assessment with some PCTs and ambulance trusts. We will consider the result of the pilots before extending the coverage of the assessment of leadership. Next year, we will also consider how and when this assessment will be applied in the independent sector. We will not use the assessment of leadership in the 2005/2006 ratings, but will expect to report the findings.

3. Improvement reviews – outcomes for patients across healthcare organisations

These reviews will explore how patients and the public experience services and how well their needs are met. They will provide in depth assessments of particular groups such as children or older people, particular services such as mental health, or conditions such as cancer or diabetes. They will recognise that healthcare has to be assessed across services and not just in relation to one individual organisation.

Following previous consultation, our method for selecting themes include:

- the importance of a theme to patients, users of services, carers or the public
- the potential for reducing inequalities
- the scope to follow the journey of patients across healthcare organisations and/or between health and social care
- whether the area involves significant use of public resources
- the extent to which the issue contributes to national priorities and to achieving our own vision and principles

As part of our overall work, we will ensure that our programme of reviews considers the impact and effectiveness of government measures to improve the delivery of healthcare services, such as new workforce contracts, the National Programme for IT, payment by results, choice, more provision of NHS care by the independent sector and new capital expenditure.

Our reviews will increasingly be carried out with other agencies involved in inspection and regulation. Current examples include joint area reviews of children's services led by the Office for Standards in Education, joint reviews of adult mental health services with the Commission for Social Care Inspection, and reviews of substance misuse with the National Treatment Agency. We are working with a wide range of other agencies to ensure that the overall programme provides effective coverage of those issues which the public regard as high priority, is coherent and avoids duplication.

Outputs from improvement reviews

Improvement reviews may combine one or more of the aspects described earlier in this chapter – for example, looking at services for people with chronic conditions, with a particular emphasis on access and choice. In general, we expect to be able to report:

- performance in meeting relevant national priorities and standards
- how patients and members of the public experience services
- where significant improvement can be made, or where others can learn from excellent performance
- how well public money is being spent to improve health and provide healthcare, examining economy, efficiency and effectiveness
- ways in which the operation of the healthcare system could be improved to deliver better outcomes for patients and the public, particularly for those less able to assert their rights

Assessments resulting from improvement reviews will be reported using the five point assessment scale:

Category	Applies
Very good performance	●
Good performance	●
Satisfactory performance	●
Unsatisfactory performance	●
Serious concerns about performance	●

Scenario – improvement reviews

Seaside Town had a high proportion of older people with poor health in its local community. The local PCT decided to review its strategy for older people following a below average rating in the Healthcare Commission's improvement review of older people's services.

The Healthcare Commission, the Commission for Social Care Improvement, the Audit Commission, Kings College and groups of older people, all working together, had undertaken the review. It had found that older people in the local area were less active than similar communities and that they did not have sufficient access to the information or services that they needed to make healthier lifestyles choices.

The PCT carried out some research and found that swimming was in great demand. They swung into action, booking a session for older swimmers at the local pool one morning each week, with transport provided by a local voluntary group, and exercise sessions available by from a hydrotherapist. This tailored approach proved invaluable, reflecting research, which showed that services designed to meet older people's specific wishes and lifestyle had a major effect on their health.

After discussion with the PCT, the Healthcare Commission agreed on indicators that they would monitor to ensure improvements continued.

Questions

What comments do you have on our proposed approach to the assessment of:

- to new national targets?
- developmental standards generally?
- the element of the domain of governance concerned with leadership?
- the improvement reviews of particular aspects of healthcare across healthcare organisations, from the perspective of patients?

6 Annual performance rating

This chapter outlines our proposals for a new form of annual review and performance rating for all NHS organisations from 2005/2006.

Annual review

The Healthcare Commission is required to carry out an annual review of each NHS organisation and then award an annual performance rating. From 2005/2006, we want to use a new approach to this annual review, so that the performance rating will also recognise improvement.

We will report on all of the assessments that have been described in the previous chapters and bring this information together to form the annual review. We will also use the information from the different assessments to provide an overall annual rating of each organisation.

To offer patients and the public useful information, we will give all NHS organisations an annual review and performance rating that:

- is simple to understand and transparent
- uses a wide range of information and retains the integrity of individual elements within the overall assessment
- describes areas of relative strength and weakness
- is capable of being used to suit different audiences and interests in the local healthcare community
- helps to identify priorities for improvement within and across healthcare organisations

We propose to present information from the annual reviews in different ways to suit different audiences. One approach would be a 'dashboard' that shows a trust's overall performance for each assessment that informs its annual review. This approach is illustrated on the following page. The public would then be able to interrogate the overall performance to get more detailed information on particular issues.

As outlined in chapter 3, the elements that will apply to each NHS trust will vary by type of NHS trust and over time; not all will apply to all forms of trust every year.

For each component that looks at current performance, we will use a common approach to summarise its conclusions in relation to an individual organisation. This will allow some comparison of performance across the components of assessment and by reference to different organisations in relation to a particular component.

Recognising improvement

Critics of the current star ratings system say that it does not recognise improvement, or the context in which a trust is working. We propose to address this by:

- recognising improvement during the year or between years
- assessing whether a trust is likely to get better through the element of the governance domain concerned with assessing leadership, and score this regardless of historical performance
- recognising and assessing achievement in relation to developmental standards
- taking into account how local targets are set, in a way that recognises the local context and sets the trust challenging but achievable thresholds
- developing ways to include challenging expectations for trusts that achieve the highest levels of performance

Dashboard example

St Someone's University Hospitals NHS trust

Annual Review 2006/07

Healthcare Commission

Getting the basics right

Core standards Progress in meeting core standards developed by the Department of Health (DH) more...	*Satisfactory*	The trust achieved core DH standards in all domains. details of assessment
Existing targets Progress in meeting existing targets set out in DH national standard C7f more...	*Satisfactory*	The trust has achieved all existing targets. details of assessment
Use of resources An assessment of how efficiently the trust uses public money more...	*Satisfactory*	The trust has achieved minimum standards in all areas. A detailed review of the day surgery unit shows that the trust is highly efficient in this area. details of assessment
Other regulatory findings An assessment of relevant reports and interventions by the Healthcare Commission and other regulatory bodies more...	*Unsatisfactory*	The trust has recently been prosecuted following a failure to follow up the Health and Safety Executive's improvement notices on fire and safety. The Healthcare Commission has investigated four complaints containing eleven issues, six of which were upheld against the trust. details of assessment

Making and sustaining progress

New national targets Progress in achievement of national Public Service Agreement targets more...	*Satisfactory*	The trust has made reasonable progress in meeting all new targets. details of assessment
Local targets Progress in meeting targets set by the local healthcare community more...	*Good*	The trust has met all locally set targets and has exceeded the target for reducing the length of stay for patients in assessment units waiting for admission. details of assessment
Improvement review: Hospital-acquired infection Progress in meeting developmental standards set out in framework for reviewing hospital-acquired infection more...	*Good*	The trust was commended for the action it has taken in ensuring high standards of cleanliness throughout the hospital. It has experienced a notable fall in the levels of hospital-acquired infection. details of assessment
Improvement review: Children's services Progress in meeting developmental standards set out in the National Service Framework (NSF) for Children more...	*Very Good*	The trust has attained all current milestones outlined in the NSF for Children. It was highly commended for the quality of the environment for the care of children. details of assessment
Improvement review: Governance An assessment of how effective the management of the trust is in driving improvements in the service more...	*Good Prospects*	The trust has met all criteria by which its capacity and leadership have been assessed. details of assessment

Timing of publication and frequency of updating

Three of the four previous publications of NHS performance ratings have taken place in July. Publishing in July has the advantage of organisations knowing their rating soon after the end of the year, enabling them to act quickly on the findings. The alternative is to publish in October, which may lead to a delay in taking action to improve services and to some data being out of date.

Publication in July, however, sets a very demanding timescale, particularly in a new system that requires a greater number of judgements to be made and which will require considerable contribution from trusts and strategic health authorities. Furthermore, audited financial data for the previous financial year will not be available until after July, meaning that our assessment of the use of resources may not be available until October. Our suggestion for 2005/2006 is to publish our ratings in July 2006. We will then review the process.

Some elements of assessment, such as our assessment of each NHS trust's performance in meeting national targets, need to follow an annual cycle, but the results from other assessments could be updated more regularly. This could provide a helpful aid to patients and staff delivering services by highlighting improvement.

In 2005/2006, we will explore the practicalities of moving to a system where we publish up to date material for assessment when we receive and have checked it, rather than waiting to publish everything at one point in the annual review. We think this will be useful both in acknowledging improvement and success and in providing early warning if things are beginning to go wrong.

Producing a summary annual performance rating

We will publish the scores for each component of the review. In line with our statutory obligations, we will aggregate the scores for each element of a trust's annual review into an overall performance rating – recognising that much of the richer picture of performance will be at levels underneath the overall rating. We propose to use a five point scale for the overall rating of performance. Subject to views expressed during consultation, the scale could use the following descriptions:

- very good
- good
- satisfactory
- unsatisfactory
- serious concerns

We want this process of aggregation to be as simple and transparent as possible. We also want it to be as robust and helpful as possible. This means that we need to ensure that organisations that get the highest overall ratings are not failing on a particular element of performance, such as satisfactory achievement of new national targets.

There are various ways of meeting the latter concern, bringing together the different components which deal with current performance – for example, by weighting some elements more strongly, having some simple rules which might override a trust's rating in certain circumstances (for example, to receive a 'very good' rating, a trust would need to be at least 'satisfactory' on all elements), or having an approach based exclusively on a set of rules.

In the context of aggregation, the experience of other regulators suggests that we may need to treat the assessment of leadership and organisational capacity differently, since it relates to the prospects for future performance. In 2005/2006, we will be piloting the assessment of leadership and organisational capacity. The assessment will, therefore, not contribute to the overall 2005/2006 ratings. However, subject to satisfactory development of the methodology, we expect that leadership and organisational capacity will be part of the overall ratings in future years.

There are two main options for handling the component of leadership in the overall rating. First, we could use a set of rules in determining a single overall rating (for example, for a trust to have an overall rating of 'very good', it would need an assessment of 'good prospects' or better on leadership and organisational capacity). Alternatively, we could report the assessment of leadership separately, so that a trust would have one rating for performance and one for prospects. We would welcome views on which of these approaches would be clearer, more easily understood and more useful.

Annex 5 illustrates some options. We will be discussing these further during this consultation. We will also be discussing how we ensure that the public gets a clear view of performance, which brings together the various assessments of different regulators and inspectors.

Scenario – annual review

Mrs Y had been told she needed a hip replacement within a year. She was worried about going into the local hospital because she had seen a report on the local television news that the hospital did badly in its recent annual health check, carried out by the Healthcare Commission. Her GP looked at the Commission's annual review online and was able to reassure Mrs Y that while the local hospital had a serious problem with children's services, it had a good reputation for orthopaedic surgery and for looking after older people. Indeed, the hospital's orthopaedic department had been praised in the Commission's most recent improvement review.

There was more good news. The website showed that the hospital's waiting times for this operation were better than nearby hospitals and the most recent survey of patients, carried out by the Commission, had commended the way the hospital involved patients in their care.

Reassured by the information she had received, Mrs Y had the (successful) operation at her local hospital.

Questions

What comments do you have on our proposals for:

- making information publicly available, in particular, the possibility of publishing results as they become available within an annual cycle of review?
- the categories that we will use for the annual rating of an organisation's performance?

Do you have a view on the approach to aggregating the different components of the framework of assessment in calculating the annual rating?

Do you have a view on how we incorporate assessment of leadership and organisational capacity in the annual rating? Should it be part of a single overall rating or a separate rating on the organisation's prospects?

7 Independent healthcare

This chapter outlines our proposed approach to the assessment of independent healthcare. The Care Standards Act (2000) requires us to undertake inspections of all registered independent establishments once a year, using national minimum standards[12]. We are proposing changes in 2005/2006 to ensure that this regulation is targeted and proportionate.

From 2006/2007, subject to legislation, we will assess independent healthcare by reference to the same core and developmental standards as are applied in the NHS in *Standards for better health*.

Our approach

Our evolving approach to regulation of the independent healthcare sector is shaped by three main factors:

- more than 1300 providers are registered with the Healthcare Commission. This is expected to rise to 2000 in 2005. We need to target our assessments to manage this expansion
- independent healthcare ranges from large hospitals carrying out many activities for large numbers of patients to single handed practitioners providing services to fewer people. We need to respond flexibly, reflecting this diversity of service and scale
- the care of patients is increasingly provided by a combination of NHS and independent services. We need to coordinate our approach to both sectors and to report our findings to the public in a way that allows comparisons

Inspection in 2005/2006

Pre-inspection information

We want to combine several elements to make our inspections more proportionate to any possible risks that are faced. As with the NHS, we will place greater emphasis on providers supplying descriptions of their performance in meeting the standards, which we can then check. We will follow up our earlier findings on performance and carry out risk assessments.

We have developed new shorter tools of assessment, tailored to the different types of provider. They are designed to give us relevant information and to complement providers' own quality assurance between the inspections we will carry out.

Our first step of risk assessment is a new part of our inspection process. For medium and large establishments, this means improving how we use mandatory data that we already require of them, and making some additional requests for information. For small providers, we will not make additional requests for information.

We welcome your comments on our draft tools of assessment and our tools for risk assessment for independent providers. These are available to view on our website at www.healthcarecommission.org.uk.

Inspection visits

A pre-inspection process will enable us to target areas of risk, so that our visits to independent providers will be shorter. Each establishment will be told in advance approximately two thirds of what will be covered during the site visit. In addition, we will identify national themes so that we regularly assess compliance with all of the national minimum standards. Our inspectors will also monitor different stages of patient care during inspections.

A third of all visits will be conducted at short notice or unannounced. The focus of each visit will be shaped by previous inspection findings and available information.

We will continue to use unannounced visits in cases of serious concern. Arrangements for registration and enforcement are not changing, although we are taking more steps to ensure efficiency and consistency.

A modern approach to assessment of independent healthcare

One of our key aims is to report findings in the same way for both the independent and NHS sectors. We want to offer patients common descriptions of standards of performance, regardless of which type of

[12] Reference to Act. National minimum standards are available on the Healthcare Commission website.

organisation is providing the treatment and care. We also want to prepare providers for the transition to assessment by reference to *Standards for better health*.

From April 2005, we will begin to use similar terms for assessing the NHS and the independent healthcare sectors. More details on assessment scales are included in chapter 4.

This is only the first stage of transition towards a common approach in relation to both sectors. From 2006/2007, we intend to use *Standards for better health* to assess all healthcare, taking into account the relevant differences between the public and independent sectors. Alongside this, we will broaden our approach to inspection of independent healthcare to include an assessment of performance by reference to new developmental standards, including forms of the improvement review introduced in chapter 5.

We will bring forward specific proposals on these matters during 2005. We do not expect there to be changes to the current arrangements for registration and enforcement.

Developing data sets

Assessment for improvement – Our approach outlines our commitment to improve the availability and use of information about the quality of patient care in the NHS. We want to work with the independent healthcare sector to provide similar information.

For single handed providers, we plan to be clearer about the data that we require on complaints, incidents and changes in circumstances. This will be provided to us by simple electronic return.

For other providers, we will also discuss access to suitably anonymised data on activity, performance and clinical outcome, using existing indicators where possible.

The relationship between the NHS and independent healthcare

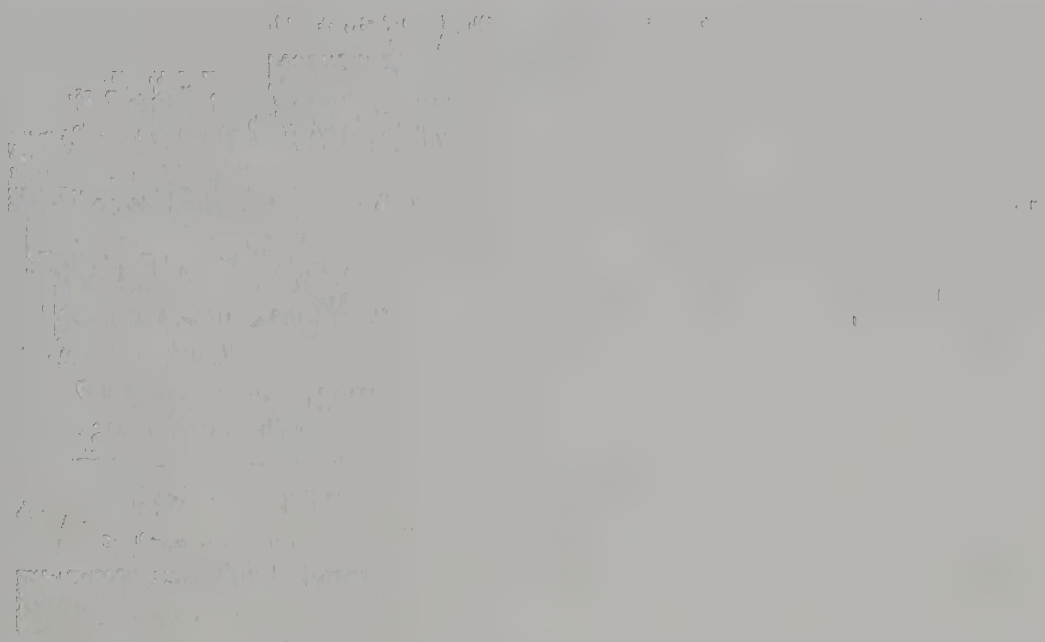
As our assessments of healthcare cover the NHS and independent sectors, we have an important role in clarifying arrangements when the sectors come together in caring for patients. During 2005, we will draw up guidance for those commissioning care for NHS patients to help to ensure that contracts with independent providers support the obligations of all to meet the relevant standards.

Questions

Do you agree with our proposals for independent healthcare to reduce the burden of regulation through proportionate inspection that is effective in targeting risk?

What should be the essential parts of our approach to assessments of independent facilities where, subject to legislation, there is an alignment of standards across the independent sector and the NHS through the *Standards for better health*?

What are the priorities in improving the collection and use of clinical and performance information from independent providers, and who should be involved in this work?



8 How to tell us what you think

We have developed a set of questions relating to the information in this document. You can provide your response by using the booklet provided or the forms available on our consultation website. Completed booklets should be sent back to the address provided. Responses will be accepted until February 21 2005.

There is an online version of this document at **www.healthcarecommission.org.uk**. You can also view or download the complete consultation package, and associated explanatory information and questionnaires online.

Consultation events

We will be holding consultation events across England until the close of consultation. Some of these events will be hosted by other organisations. A list is available on our website **www.healthcarecommission.org.uk**.

We must address several audiences, including healthcare professionals and other staff in the NHS and independent sector, clinical staff, patients and the public. To do this, we are working in partnership with a range of organisations and representative bodies including royal colleges, NHS Confederation, the British Medical Association, the National Institute of Clinical Excellence, the Department of Health, regulatory bodies, charities and voluntary organisations, healthcare managers, and representatives of patients, users and carers.

Following the consultation

When we have completed the consultation period we will consider and analyse all views. We will publish a summary of the analysis and report on how we intend to respond in light of the views received. We aim to announce our decisions in spring 2005.

Contacting us

For more information about any aspect of the consultation (including copies of any of the supporting documents), you can:

- e-mail feedback@healthcarecommmission.org.uk
- write to Consultation, Healthcare Commission, FREEPOST LON 15399, London, EC1B 1QW
- telephone 0845 601 3012

Annexes

Annex 1: Core and developmental standards from *National standards, local action*

Standards for Better Health

First Domain – Safety

Domain Outcome

Patient safety is enhanced by the use of health care processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

Core standard

Related Developmental Standard: D1

C1 Health care organisations protect patients through systems that

a) identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents; and

b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

C2 Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.

C3 Health care organisations protect patients by following NICE Interventional Procedures guidance.

C4 Health care organisations keep patients, staff and visitors safe by having systems to ensure that

a) the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA;

b) all risks associated with the acquisition and use of medical devices are minimised;

c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed;

d) medicines are handled safely and securely; and

e) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

Developmental standard

D1 Health care organisations continuously and systematically review and improve all aspects of their activities that directly affect patient safety and apply best practice in assessing and managing risks to patients, staff and others, particularly when patients move from the care of one organisation to another.

Second Domain – Clinical and Cost Effectiveness

Domain Outcome

Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.

Core standards

Related Developmental Standard: D2

C5 Health care organisations ensure that

a) they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care;

b) clinical care and treatment are carried out under supervision and leadership;

c) clinicians continuously update skills and techniques relevant to their clinical work; and

d) clinicians participate in regular clinical audit and reviews of clinical services.

C6 Health care organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

Developmental standard

D2 Patients receive effective treatment and care that:

a) conform to nationally agreed best practice, particularly as defined in National Service Frameworks, NICE guidance, national plans and agreed national guidance on service delivery;

b) take into account their individual requirements and meet their physical, cultural, spiritual and psychological needs and preferences;

c) are well co-ordinated to provide a seamless service across all organisations that need to be involved, especially social care organisations; and

d) is delivered by health care professionals who make clinical decisions based on evidence-based practice.

Third Domain – Governance

Domain Outcome

Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health care organisation.

Core standards

C7 Health care organisations

a) apply the principles of sound clinical and corporate governance;

b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;

c) undertake systematic risk assessment and risk management (including compliance with the controls assurance standards);

d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;

e) challenge discrimination, promote equality and respect human rights; and

f) meet the existing performance requirements set out in Appendix 1.

Related Developmental Standard: **D3**

C8 Health care organisations support their staff through

a) having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services; and

b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

Related Developmental Standard: **D7**

C9 Health care organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.

Related Developmental Standard: **D6**

C10 Health care organisations

a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies; and

b) require that all employed professionals abide by relevant published codes of professional practice.

Related Developmental Standard: **D7**

C11 Health care organisations ensure that staff concerned with all aspects of the provision of health care

a) are appropriately recruited, trained and qualified for the work they undertake;

b) participate in mandatory training programmes; and

c) participate in further professional and occupational development commensurate with their work throughout their working lives.

C12 Health care organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

Related Developmental Standard: **D3**

Developmental standards

D3 Integrated governance arrangements representing best practice are in place in all health care organisations and across all health communities and clinical networks.

D4 Health care organisations work together to

a) ensure that the principles of clinical governance are underpinning the work of every clinical team and every clinical service;

b) implement a cycle of continuous quality improvement; and

c) ensure effective clinical and managerial leadership and accountability.

D5 Health care organisations work together and with social care organisations to meet the changing health needs of their population by

a) having an appropriately constituted workforce with appropriate skill mix across the community; and

b) ensuring the continuous improvement of services through better ways of working.

D6 Health care organisations use effective and integrated information technology and information systems which support and enhance the quality and safety of patient care, choice and service planning.

D7 Health care organisations work to enhance patient care by adopting best practice in human resources management and continuously improving staff satisfaction.

Fourth Domain – Patient Focus

Domain Outcome

Health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being.

Core standards

C13 Health care organisations have systems in place to ensure that

a) staff treat patients, their relatives and carers with dignity and respect;

b) appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and

c) staff treat patient information confidentially, except where authorised by legislation to the contrary.

C14 Health care organisations have systems in place to ensure that patients, their relatives and carers

a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services;

b) are not discriminated against when complaints are made; and

c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.

Related Developmental Standard: **D8**

C15 Where food is provided, health care organisations have systems in place to ensure that

a) patients are provided with a choice and that it is prepared safely and provides a balanced diet; and

b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

C16 Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.

Related Developmental Standard: **D9**

Developmental standards

D8 Health care organisations continuously improve the patient experience, based on the feedback of patients, carers and relatives.

D9 Patients, service users and, where appropriate, carers receive timely and suitable information, when they need and want it, on treatment, care, services, prevention and health promotion and are

a) encouraged to express their preferences; and

b) supported to make choices and shared decisions about their own health care.

D10 Patients and service users, particularly those with long-term conditions, are helped to contribute to planning of their care and are provided with opportunities and resources to develop competence in self-care.

Fifth Domain – Accessible and Responsive Care

Domain Outcome

Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway.

Core standards

Related Developmental Standard: D11

C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.

C18 Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

C19 Health care organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.

Developmental standard

D11 Health care organisations plan and deliver health care which

a) reflects the views and health needs of the population served and which is based on nationally agreed evidence or best practice;

b) maximises patient choice;

c) ensures access (including equality of access) to services through a range of providers and routes of access; and

d) uses locally agreed guidance, guidelines or protocols for admission, referral and discharge that accord with the latest national expectations on access to services.

Sixth Domain – Care Environment and Amenities

Domain Outcome

Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

Core standards

Related Developmental Standard: D12

C20 Health care services are provided in environments which promote effective care and optimise health outcomes by being

a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation; and

b) supportive of patient privacy and confidentiality.

C21 Health care services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

Developmental standard

D12 Health care is provided in well designed environments that

a) promote patient and staff well-being, and meet patients' needs and preferences, and staff concerns; and

b) are appropriate for the effective and safe delivery of treatment, care or a specific function, including the effective control of health care associated infections.

Seventh Domain – Public Health

Domain Outcome

Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Core standards

C22 Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by

a) co-operating with each other and with Local Authorities and other organisations;

b) ensuring that the local Director of Public Health's Annual Report informs their policies and practices; and

c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.

Related Developmental Standard: **D13**

C23 Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

Related Developmental Standard: **D13**

C24 Health care organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services.

Developmental standard

D13 Health care organisations

a) identify and act upon significant public health problems and health inequality issues, with Primary Care Trusts taking the leading role;

b) implement effective programmes to improve health and reduce health inequalities;

c) protect their populations from identified current and new hazards to health; and

d) take fully into account current and emerging policies and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services for the public, and the commissioning and provision of services.

Annex 2: Existing targets to be maintained

Commitments due to be achieved before March 2005

- Reduce to four hours the maximum wait in A&E from arrival to admission, transfer or discharge.
- Guaranteed access to a primary care professional within 24 hours and to a primary care doctor within 48 hours.
- All ambulance trusts to respond to 75% of Category A calls within 8 minutes.
- All ambulance trusts to respond to 95% of Category A calls within 14 (urban)/19(rural) minutes.
- All ambulance trusts to respond to 95% of Category B calls within 14 (urban)/19(rural) minutes.
- Maintain a two-week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals.
- Maintain a maximum two-week wait standard for Rapid Access Chest Pain Clinics.
- 3 month maximum wait for revascularisation by March 2005.
- From April 2002 all patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days or fund the patient's treatment at the time and hospital of the patient's choice.

Note: The underlying definitions for these standards – and the split between rural and urban services – will be clarified later in 2004, as part of the current ambulance review.

Commitments due to be achieved after March 2005

- Improve life outcomes of adults and children with mental health problems by ensuring that all patients who need them have access to crisis services by 2005, and a comprehensive Child and Adolescent Mental Health service by 2006.
- Ensure that by the end of 2005 every hospital appointment will be booked for the convenience of the patient, making it easier for patients and their GPs to choose the hospital and consultant that best meets their needs. By December 2005, patients will be able to choose from at least four to five different health care providers for planned hospital care, paid for by the NHS.
- Ensure a maximum waiting time of one month from diagnosis to treatment for all cancers by December 2005.
- Achieve a maximum waiting time of two months from urgent referral to treatment for all cancers by December 2005.
- 800,000 smokers from all groups successfully quitting at the 4-week stage by 2006.
- In primary care, update practice-based registers so that patients with CHD and diabetes continue to receive appropriate advice and treatment in line with NSF standards and, by March 2006, ensure practice-based registers and systematic treatment regimes, including appropriate advice on diet, physical activity and smoking, also cover the majority of patients at high risk of CHD, particularly those with hypertension, diabetes and a BMI greater than 30.
- A minimum of 80% of people with diabetes to be offered screening for the early detection (and treatment if needed) of diabetic retinopathy by 2006, and 100% by 2007.
- Achieve a maximum wait of 3 months for an outpatient appointment by December 2005.
- Achieve a maximum wait of 6 months for inpatients by December 2005.
- Deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help.
- Delayed transfers of care to reduce to a minimal level by 2006.

Annex 3: New national targets

Priority I: Improve the Health of the Population

National Targets

Improve the health of the population. By 2010 increase life expectancy at birth in England to 78.6 years for men and to 82.5 years for women.

- **Substantially reduce mortality rates** by 2010 (from the *Our Healthier Nation* baseline, 1995-97):
  - from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole;
  - from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole; and
  - from suicide and undetermined injury by at least 20%.
- **Reduce health inequalities** by 10% by 2010 (from a 1997-99 baseline) as measured by infant mortality and life expectancy at birth.
- **Tackle the underlying determinants of ill health and health inequalities by:**
  - reducing adult smoking rates (from 26% in 2002) to 21% or less by 2010, with a reduction in prevalence among routine and manual groups[1] (from 31% in 2002) to 26% or less;
  - halting the year-on-year rise in obesity among children under 11 by 2010 (from the 2002-04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole. (Joint target with the Department for Education and Skills and the Department of Culture, Media and Sport); and
  - reducing the under-18 conception rate by 50% by 2010 (from the 1998 baseline), as part of a broader strategy to improve sexual health. (Joint target with the Department for Education and Skills.)

Note: There may be some change to the detail of these targets in the light of the outcome of the Public Health White Paper *Choosing Health?* later this year.

1 As defined by the National Statistics socio-economic classification. Routine and manual groups cover local supervisors and technical occupations, semi-routine occupations, routine occupations and those who have never worked or are in long-term unemployment.

Priority II: Supporting People with Long-Term Conditions

National Target

To improve health outcomes for people with long-term conditions by offering a personalised care plan for vulnerable people most at risk; and to reduce emergency bed days by 5% by 2008 (from the expected 2003/04 baseline), through improved care in primary care and community settings for people with long-term conditions.

Priority III: Access to Services

National Targets

To ensure that by 2008 no-one waits more than 18 weeks from GP referral to hospital treatment.

Increase the participation of problem drug users in drug treatment programmes by 100% by 2008 (from a 1998 baseline); and increase year on year the proportion of users successfully sustaining or completing treatment programmes.

Priority IV: Patient/User Experience

National Targets

Secure sustained national improvements in NHS patient experience by 2008, ensuring that individuals are fully involved in decisions about their health care, including choice of provider, as measured by independently validated surveys. The experiences of black and minority ethnic groups will be specifically monitored as part of these surveys.

Improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible by:

- increasing the proportion of older people being supported to live in their own home by 1% annually in 2007 and 2008; and
- increasing by 2008 the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care.

Achieve year on year reductions in MRSA levels, expanding to cover other health care associated infections as data from mandatory surveillance becomes available.[2]

2 Data on MRSA is already collected and published. Data on glycopoptide-resistant enterocci, *Clostridium difficile* – associated diarrhoea, and post-surgical infection in orthopaedics will be published from 2005.

Annex 4: Understanding the standards

The Department of Health's *National standards, local action* set out a common set of requirements to ensure that all healthcare organisations meet core standards in relation to the safety and quality of services. Within these core standards are 20 existing targets that healthcare organisations are expected to meet before 2005/2006, or which need to be met during the period to 2007.

The Government also requires healthcare organisations to meet developmental standards, in order to achieve continual improvement in the overall quality of care. To support progress towards meeting developmental standards, the Department of Health has set new national targets to be achieved in the coming years. The national service frameworks (NSFs) and National Institute of Clinical Excellence (NICE) guidance are also very important elements in the drive towards standards of high quality.

Core standards

The Department of Health's *National standards, local action*, published in July 2004, indicate that meeting the core standards is not optional for NHS bodies. Healthcare organisations are expected to comply with them from the date of publication. The core standards should, therefore, provide a mark by which to measure current performance. As part of the annual assessment, all healthcare organisations should be satisfying themselves that they are meeting core standards.

The elements of the standards

In the tables that follow, column one sets out the elements of the core standards which are measurable. They are pitched at a high level and are applicable, in most cases, across different healthcare sectors. They usually describe the activities that healthcare organisations should expect to be carrying out in order to meet the core standards. We will be undertaking further work to ensure that the role of primary care trusts (PCTs) in commissioning healthcare is included, where appropriate, and that in all cases, we measure what matters in relation to different types of healthcare organisation.

The suggested prompts

The second column presents suggested prompts that boards may wish to take into account in satisfying themselves that they are meeting the relevant standard. The prompts are intended to focus attention on whether the organisation has appropriate and effective means to deliver the quality of healthcare required by the core standards.

The prompts are drawn from a variety of sources including research, guidance on policy and expert advice. However, they are examples only. The list is not exhaustive, nor is it intended to prevent boards from using other systems, processes and outcomes to satisfy themselves of compliance with the standards.

Most of the prompts are relevant to all types of healthcare organisation, except when it is indicated that the prompt is only relevant to specific sectors of healthcare, such as ambulance trusts, PCTs or mental health services.

If the evidence and indicators available to the Healthcare Commission suggest that more information is needed to establish whether an organisation is meeting core standards, the Healthcare Commission may use the prompts as a starting point for further enquiry.

Sources of information

The third column presents sources of information that the Healthcare Commission may use to check whether performance and outcomes are in line with the results that would be expected from a healthcare organisation that is meeting the core standards. In general, these sources are accessible to healthcare organisations, so that they may wish to incorporate this information in their own monitoring arrangements. There are two main types of information in this column:

- information from other regulators. This is usually in the form of certifications or notifications. We will also refer to reports from other regulators, such as bodies involved in regulating professions. The Healthcare Commission may obtain this information independently, when we have an agreement for sharing information. We are currently examining what information other regulators are able to share with us, and have presented examples of potential sources of information for consultation. However, these may vary, subject to the outcomes of the arms length body review
- data on outcome or output. This is usually in the form of returns of centrally held data and includes information from surveys of patients and staff, performance indicators and national targets. Outcome measures rarely have a one to one relationship with each standard and may appear as a source of information for a range of standards

The Healthcare Commission also reserves the right to refer to any other information it may receive from time to time, for example, through its procedures dealing with complaints or local knowledge, which may have implications for assessment in relation to standards.

Where explicitly mentioned and relevant, certifications (or the equivalent) from other regulators will be recognised as corroboration that a standard has been met. Where such corroboration is not available, a healthcare organisation may be asked to demonstrate how it has met the standard.

The Healthcare Commission will use measures of performance and outcome to identify whether there are concerns in relation to the standards being met. The Healthcare Commission may then need to seek further information from the healthcare organisation to be satisfied that standards are being met. Measures of performance and outcome measures will, therefore, not be used in isolation to determine whether standards have been met; rather, they will be used by the Healthcare Commission to decide whether further enquires are needed.

Developmental standards

Developmental standards are intended to act as an impetus for improvement in services. We envisage an improvement path where organisations move from a basic level toward current best practice. In time, we will expect services to have improved, so a higher level of performance will be necessary to meet changing expectations.

The Healthcare Commission is establishing expert groups to oversee further development of the elements of the core and developmental standards, demonstrating the journey from core standards to continuous improvement. All expert groups will include patient, clinician and management representatives.

The following pages provide examples of elements, prompts and information for a core standard within the domain of patient focus and for a developmental standard within the domain of public health. The full set of elements, prompts and information for core standards are published on our website. Hard copies are available upon request.

Patient focus

Healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient wellbeing.

Core standard C13

Healthcare organisations have systems in place to ensure that:
a) staff treat patients, their relatives and carers with dignity and respect

Please note – parts of this standard are addressed under other standards, as follows:
C20b – services are designed to support patient privacy and confidentiality (care environment and amenities domain)

Preface
By patient we mean any user of NHS services of any age, including children and young people.

Elements of the standard

The healthcare organisation has taken steps to ensure patients, carers and relatives are treated with dignity and respect.

Suggested prompts

All organisations

- Is there a policy that sets out the required practices and the healthcare organisation's expectations for treating people with dignity and respect?
- Are staff given training to ensure that all patients, carers and relatives are treated with dignity and respect? Is attendance monitored?
- Does the healthcare organisation make appropriate provision to meet the specific needs and rights of different patient groups with regard to dignity and respect (e.g. multi faith rooms, disabled access)? In doing so, does the organisation take account of equalities legislation, including the Disability Discrimination Act, Human Rights Act and Race Relations Amendment Act?
- Has the healthcare organisation made arrangements to ensure that staff behaviour takes into account different interpretations of dignity and respect to people from different faiths, cultures, generations and genders?
- Does the healthcare organisation ensure that dignity and respect is maintained for patients, carers and relatives in relation to end of life care and death?
- Are there facilities to ensure that children and/or other relatives and friends are not used as interpreters inappropriately?
- Are children, patients or relatives appropriately supported in healthcare environments?

Mental health services - additional prompts

- Are appropriate facilities and support available for children visiting inpatients on mental health wards?

Potential sources of information (to be confirmed)

- Evidence from other local organisations (e.g. patient forums)
- Health Service Ombudsman reports
- Mental Health Act Commission reports
- Complaints data
- Surveys of staff
- Surveys of patients

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation monitors its performance with regard to treating patients and carers with dignity and respect.	• Does the healthcare organisation use feedback from patients, carers and relatives to identify and improve issues of dignity and respect (e.g. patient advice and liaison service (PALS), comment cards, complaints, compliments, advocacy services)? • Is there monitoring of data on Essence of Care benchmarks for privacy and dignity or a similar alternative approach? • Does the healthcare organisation manage instances where patients and/or carers feel that their dignity and respect is compromised or at risk of being compromised? • Are there systems to identify areas where dignity and respect may have been consistently compromised and action taken in response?	• Evidence from other local organisations (e.g. patient forums) • Health Service Ombudsman reports • Mental Health Act Commission reports • Complaints data • Surveys of staff • Surveys of patients

b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation has processes in place to ensure that valid consent is obtained by suitably qualified staff for all treatments, procedures or investigations.	• Does the healthcare organisation have clear policies for obtaining valid consent for all treatments, investigations, procedures and research activities that require written consent? • Are staff aware of the need to explain clinical procedures for patients to give valid consent and to document consent or refusal? • Is staff training available? Is attendance monitored? • Are there clear policies for consent in relation to resuscitation, including policies for recording decisions and arrangements for supervision? • Are there systems to ensure that only suitably trained and qualified staff obtain consent? • Are steps taken to ensure that people with language or communication support needs are adequately supported in the consent process? • Does the healthcare organisation ensure that staff are aware of and comply with its policies on consent? • Does the healthcare organisation monitor whether its policies in relation to consent are being implemented across all clinical areas? • Does the healthcare organisation comply with clinical negligence scheme for trusts (CNST) 3.1.1, 3.2.2 and 3.3.2?	• Mental Health Act Commission reports • Evidence from other local organisations (e.g. patient forums) • CNST • Surveys of staff • Surveys of patients

c) staff treat patient information confidentially, except where authorised by legislation to the contrary

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation takes steps to ensure that patients have information that they can understand on the use and disclosure of confidential information.	• Does the healthcare organisation have clear policies for ensuring that consent is obtained from every patient, where patient identifiable information is used for purposes other than the direct delivery of healthcare? • Does the healthcare organisation provide patients with written information that they can understand on the confidential use and disclosure of their personal information (including access to health records)? Is the information accessible to those with language or communication support needs? • Does the healthcare organisation provide advice for patients about their rights with regard to confidential information in languages and formats relevant to the local population? • Does the healthcare organisation comply with CNST 3.1.1, 3.2.2 and 3.3.2?	• Evidence from other local organisations (e.g. patient forums) • CNST • Mental Health Act Commission reports • Surveys of staff • Surveys of patients

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation meets standards for the confidential use of patient personal information.	• Does the healthcare organisation comply with national standards for the use and disclosure of patient information (i.e. access to health records requests 1998, Data Protection Act 1998, Caldicott review of patient identifiable information 1997 and *Confidentiality: NHS code of practice* Department of Health 2003)? • Has a Caldicott assessment taken place? Does the organisation meet the Caldicott principles? • Does the healthcare organisation monitor all non-consented disclosures? • Are there formal systems to request exemption under Section 60 of the Health and Social Care Act 2001? • Does the healthcare organisation have a procedure for responding to requests for access to patient identifiable information? • Does the healthcare organisation use national guidance for safeguarding the confidentiality of patient information (information governance toolkits)? • Does the healthcare organisation have procedures to prevent information about patients being shared inappropriately? • Are staff aware of legal requirements, including the Human Rights Act, regarding the use and disclosure of confidential patient information? • Does the healthcare organisation provide relevant training for clinical and non-clinical staff to ensure that they are aware of their responsibilities and obligations to respect patient confidentiality? Is attendance monitored? • Are there appropriate disciplinary procedures in place in the event of staff breaches of patient confidentiality? • Is there a Caldicott guardian at board level, preferably a clinical professional?	• Evidence from other local organisations (e.g. patient forums) • CNST • Mental Health Act Commission reports • Surveys of staff • Surveys of patients

Core standard C14

Healthcare organisations have systems in place to ensure that patients, their relatives and carers:
a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services

Preface
By patient we mean any user of NHS services of any age, including children and young people.

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation ensures that patients, relatives and carers have clear access to a formal complaints system.	• Does the healthcare organisation have a formal complaints system that is clearly understood by staff? • Does the healthcare organisation have a designated person responsible for dealing with complaints? • Does the healthcare organisation comply with the NHS (Complaints) Regulations number 2004? • Does the healthcare organisation provide training to staff on the rights of patients, relatives and carers to make complaints, and how to deal with complaints? Is attendance monitored? • Does the healthcare organisation have a formal system to inform patients that staff have logged their complaints? • Does the healthcare organisation ensure that people with language or communication support needs are adequately supported in accessing the complaints process? • Does the healthcare organisation provide support and advocacy for patients (or their representatives where appropriate) to make a complaint? • Can people who wish to complain use a range of methods, including e-mail? • Does the healthcare organisation have links with support services for patients, relatives and carers who want to make a complaint (e.g. Independent Complaints Advisory Service (ICAS), Citizens Advice Bureau)? • Does the healthcare organisation review its complaints handling procedures?	The information sources described below cover all the criteria within the standard: • Department of Health complaints monitoring • Health Service Ombudsman reports • Evidence from other local organisations (e.g. patient forums) • NHS estates information • Acute hospital portfolio data • Complaints data • Surveys of staff • Surveys of patients Mental health only: • Mental Health Act Commission reports • Durham mapping data

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation provides information to ensure that patients, relatives and carers understand how to make a formal complaint.	• Does the healthcare organisation make information available to patients about how to make a formal complaint? • Does the healthcare organisation provide information about the complaints system in formats and languages relevant to its local population? • Does the healthcare organisation make reference to the local ICAS (including contact details) within information about the complaints process?	See above

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation provides opportunities for patients, relatives and carers to give feedback on the quality of services they receive.	• Does the healthcare organisation provide opportunities for patients, relatives or carers to comment on the quality of services they receive? • Does the healthcare organisation promote PALS to patients, relatives and carers? • Are staff aware of how to deal with patient feedback and the opportunities available to patients to provide feedback (e.g. concerns, comments, compliments, PALS, ICAS)? • Does the healthcare organisation evaluate its methods for gaining feedback from patients, relatives and carers on the services it provides?	See above

b) are not discriminated against when complaints are made

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation ensures that patients, relatives and carers are reassured that the patient's care and treatment will not be adversely affected by having complained.	• Does the healthcare organisation have a clear policy committing itself not to discriminate against complainants? • Does the healthcare organisation ensure that patients, relatives and carers are assured that any complaint they make will not prejudice the treatment and care provided? • Do patients have the option of contacting complaints services directly, as well as referral by a member of staff? • Does the healthcare organisation use national guidance to ensure a consistent approach to handling complaints (e.g. Good practice toolkit for local resolution, Healthcare Commission 2004)?	• Evidence from other local organisations (e.g. patient forums) • Health Service Ombudsman reports • Complaints data • Surveys of patients

c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation uses feedback from patients, relatives and carers to improve service delivery.	• Does the healthcare organisation monitor and analyse compliments, comments and other forms of feedback? • Does the healthcare organisation ensure analysis of concerns is reported regularly? • Does the healthcare organisation monitor the proportion and types of complaints referred to the Healthcare Commission and the Health Service Ombudsman? • Does the healthcare organisation monitor its response times to complaints to ensure it complies with national guidelines? • Does the healthcare organisation ensure that feedback from patients, relatives and carers is shared with staff? • Does the healthcare organisation use feedback from patients, relatives and carers to improve service delivery?	• Department of Health complaints monitoring • Mental Health Act Commission reports • Evidence from other local organisations (e.g. patient forums) • Complaints data

Core standard C15

Where food is provided, healthcare organisations have systems in place to ensure that:
a) patients are provided with a choice and that it is prepared safely and provides a balanced diet

Preface
By patient we mean any user of NHS services of any age, including children and young people. Note – this standard only applies where the healthcare organisation is normally expected to provide food (e.g. where there are inpatient units).

Elements of the standard

The healthcare organisation offers patients a choice of food which is in line with a balanced diet.

Suggested prompts

- Does the healthcare organisation assess and monitor its practice in relation to Essence of Care standards on food and nutrition relevant to choice? If not, does it:
  - offer a choice of food that meets cultural, faith and personal needs and preferences?
  - have systems to ensure that food is presented in a way that appeals to patients?
- Does the healthcare organisation comply with better hospital food standards in relation to choice and presentation of food?
- Does the healthcare organisation have ward housekeepers to ensure the quality, presentation and quantity of meals meets the needs of patients, in accordance with *NHS Plan* requirements?
- Does the healthcare organisation plan menus to provide food in line with a balanced diet?
- Does the healthcare organisation monitor the level of food wastage?

Potential sources of information (to be confirmed)

- Patient environment action teams (PEAT) data
- Selected performance indicators
- Surveys of patients

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation complies with food hygiene standards.	• Does the healthcare organisation have appropriate policies and procedures to ensure food is prepared and distributed safely? • Does the healthcare organisation comply with food and hygiene standards (e.g. Food Safety Act 1990, food safety (general food hygiene) regulations 1995 and EC regulation 852/2004)? • Has the healthcare organisation had an environmental health report written in the last 12 months? • Are food hygiene standards monitored, and is action taken to improve standards where necessary? • Does the healthcare organisation ensure staff are appropriately trained to handle and prepare food safely? Is attendance monitored?	• PEAT data • Health Protection Agency (HPA) data

b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation ensures that patients have access to food and drink 24 hours a day.	• Does the healthcare organisation assess and monitor its practice in relation to Essence of Care standards on food and nutrition relevant to the availability and accessibility of food? If not, does it have systems in place to ensure that: – patients have set meal times? – patients are offered a replacement meal if a meal is missed? – patients have sufficient information to enable them to obtain food, whatever their language and communication needs? • Has the healthcare organisation taken steps to comply with the better hospital food standard requiring a 24 hour catering service? • Does the healthcare organisation have systems to support and enable patients to access food and drink outside of meal times, if they require it? • Is a variety of food available over a 24 hour period, including snacks and light meals?	• PEAT data • Selected performance indicators • Complaints data • Surveys of patients

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation meets the nutritional and clinical dietary requirements of patients.	• Does the healthcare organisation assess and monitor its practice in relation to Essence of Care standards on food and nutrition benchmarks relevant to nutrition and dietary requirements? If not, does it have systems in place to: – ensure care plans are informed by a professional nutritional assessment – ensure that patients have a nutritional screening to identify those at risk of malnourishment – monitor and record the amount of food and fluids consumed by individual patients and take action when there is cause for concern – ensure staff are aware of the clinical dietary requirements of patients – ensure staff are aware of how to promote healthy eating? • Does the healthcare organisation ensure that staff that undertake nutritional assessments are trained to do so?	• PEAT data • Selected performance indicators • Complaints data • Surveys of patients

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation provides appropriate support to patients requiring assistance with feeding.	• Does the healthcare organisation assess and monitor its practice in relation to Essence of Care standards on food and nutrition relevant to supporting patients who require assistance with feeding? If not, does the healthcare organisation have systems to ensure: – that the level of assistance required is assessed for each patient? – that patients who require support are given support and assistance, including preparation prior to eating, such as washing patients' hands and positioning? – that assistance provided to patients maintains their dignity and respect? – that assistance provided to patients with their food takes into account patients' ethnic, cultural, faith, age and other needs? – that appropriate equipment is provided? – that patients are supported to regain their independence in eating and drinking, where appropriate?	• PEAT data • Selected performance indicators • Complaints data • Surveys of patients

Core standard C16

Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care

Preface

By patient we mean any user of NHS services of any age, including children and young people.

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation provides suitable and accessible information on its services.	• Does the healthcare organisation provide an annual prospectus for patients that details the services it provides? • Does the healthcare organisation ensure that the information it provides on its services is available in a range of languages and formats relevant to its local population? • Does the healthcare organisation ensure that information about its services is disseminated in a range of settings, appropriate for its local population? • Does the healthcare organisation seek and monitor feedback on the quality, availability and accessibility of the information it provides on its services?	• Evidence from other local organisations (e.g. patient forums) • Selected performance indicators • Surveys of patients

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
The healthcare organisation provides patients (and where appropriate, carers) with sufficient and accessible information on their individual care, treatment and after care.	• Does the healthcare organisation have systems to ensure that it provides information about conditions and procedures that are relevant to the services it provides? • Does the healthcare organisation use national standards (e.g. Toolkit for producing patient information, Department of Health 2003), or equivalent, to produce and audit patient information? • Does the healthcare organisation have systems to ensure that the information it provides on care and treatment is accurate, according to current knowledge, based on evidence where possible, up to date and relevant? • Does the healthcare organisation use National Institute for Clinical Excellence (NICE) information for patients where available?	• National priority targets • CNST • Surveys of patients

- Does the healthcare organisation ensure that patients have access to information about the effects, side effects, benefits, risks and drawbacks of procedures, treatments and medication, and instructions, for example, about how to take medication, if necessary?
- Does the healthcare organisation ensure that the information it provides on care and treatment is provided in languages, styles and formats that are accessible to relevant patients, including children, and carers?
- Does the healthcare organisation ensure that the information it provides on care, treatment and after care incorporates advice about where to go for further help?
- Does the healthcare organisation ensure that staff are aware of the need to explain clinical procedures and provide appropriate information that patients can understand about their care, treatment and after care?
- Does the healthcare organisation ensure that information is provided to patients at relevant points during their treatment and care, for example, before admission and on discharge?
- Does the healthcare organisation take steps to ensure that patients have opportunities to ask questions about anything they do not understand or would like further information about?
- Does the healthcare organisation monitor the content, quality, accessibility and helpfulness of the information it provides on care and treatment?
- Does the healthcare organisation comply with CNST 3.2.1?

Elements of the standard	Suggested prompts	Potential sources of information (to be confirmed)
Mental health services only – The healthcare organisation provides information to mental health patients, and where appropriate carers, about their care plan, including after care.	Mental health services only • Does the healthcare organisation have systems to ensure that all patients have a copy of their treatment/care plan? • Does the healthcare organisation ensure that patients are provided with information which enables them to be actively involved in the development of their treatment/care plans? • Does the healthcare organisation have systems to ensure that all patients receive information about their treatment, their rights under the Mental Health Act and their options for treatment (including any health or other implications if they decline treatment)? • Do care plans include clear information identifying the care coordinator and who to contact in an emergency? • Do treatment plans follow Mental Health Act Commission guidance and Department of Health guidance on patient information packs? • Does the healthcare organisation have systems in place to monitor care plans, ensuring that they remain up to date and continue to provide patients, and where appropriate carers, with the information they need?	• Mental Health Act Commission reports • Selected performance indicators • Surveys of patients

Public health

Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Developmental standard D13

Healthcare organisations:
a) identify and act upon significant public health problems and health inequality issues, with primary care trusts (PCTs) taking the leading role
b) implement effective programmes to improve health and reduce health inequalities
c) protect their populations from identified current and new hazards to health
d) take fully into account current and emerging policies and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services for the public, and the commissioning and provision of services

Approach
The Healthcare Commission intends to assess compliance with this standard by considering sections a, b, and d together. The elements of the standard will ensure that there is cohesion across all three sections by setting them in a broad public health planning cycle. Section c is considered separately as the arrangements for health protection and emergency planning are somewhat different in their nature to the rest of public health. The elements outlined in this section build upon elements identified for the core standard. They are aimed broadly at all healthcare organisations (unless otherwise specified). The upper three levels from our standard assessment scale are outlined under each element.

Note for sections D13 a, b and d
We will consider the public health aspects of all the national service frameworks (NSFs) and national plans, as well as national and local targets. The criteria address the following areas that have potential impact on improving health and reducing health inequalities:

- information – collection and analysis
- evidence based planning and prioritising
- commissioning and provision
- partnerships to improve health and reduce health inequalities
- good corporate citizenship and health promoting employers
- monitoring and evaluating programmes and partnerships
- capacity and capability

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation collects, develops and analyses information to understand the current and future health and healthcare needs of the local population, reflecting health inequalities and including use of appropriate tools such as health heeds assessment, the health equity audit cycle and equality impact assessment (including race impact assessment and health impact assessment).	The healthcare organisation's information systems are in place and information is used to understand the health and healthcare needs of the population. For PCTs: health needs assessment, health equity audit and equality impact assessment (including race impact assessment) are undertaken.	Information systems and links to other systems are being developed across other healthcare organisations, including primary care, and with the local authority. Health needs assessment and related tools are used by the PCT with contributions from, or in collaboration with, other healthcare organisations and the local authority. There is an assessment process for the health impact of plans and policies.	Systems and links are well developed and include voluntary and community information. Health needs assessment and related tools are used with multisectoral collaboration/contributions, including from patients and the public. Health impact assessments and equality impact assessments – including race impact assessments – are fully integrated into the planning cycle and a health impact profile is maintained on organisational and local policies and plans. A rolling programme of health equity audit on a range of priority topics is in place. Comprehensive information underpins all processes and is shared with all stakeholders.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation ensures that information on health and healthcare needs is accessible to other organisations, patients and the public.	Information on health and healthcare needs is accessible, primarily to healthcare organisations.	Information is accessible to healthcare organisations, local authorities, a range of other organisations, and the general public.	Information is widely accessible to all statutory sector organisations and diverse organisations and communities according to need. The accessibility of the information is monitored and reviewed, and procedures are revised accordingly.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation collects and analyses evidence of effectiveness of interventions for health improvement and reducing health inequalities.	Evidence of effectiveness is collected and analysed for a limited range of interventions on key health priorities. (The PCTs will demonstrate a more systematic and comprehensive approach, shared with all partners.)	Evidence is collected and analysed for the effectiveness of interventions for a broad range of programmes and services in relation to reducing health inequalities and improving health.	There is evidence of a systematic and comprehensive approach to the collection and analysis of evidence of effectiveness.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
PCT: The PCT provides technical support and advice to partners, including the local community, on improving health and narrowing health inequalities, for example, by developing baselines at a local level, supporting prioritisation, and advising on effective interventions, monitoring and evaluating.	Basic advice and technical support is given to other healthcare organisations.	Advice and technical support is given to healthcare organisations, local authorities and other organisations.	Tailored advice and technical support is given to diverse organisations, including community groups, to support their contribution to improving health and narrowing inequalities.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation's plans ensure that disease prevention and health promotion programmes to improve health and reduce health inequalities are informed by: • **current and emerging policies and knowledge** • **the annual public health report and other key public health documents** • **information about the health and healthcare needs of the local population (including health needs assessment, health equity audit, health impact assessment, equity impact assessment and race impact assessment)** • **evidence of effective interventions** • **corporate citizenship roles**	Prioritising and planning for some health priority areas are based on current and emerging policies and knowledge, the annual public health report, information about the local population's health and healthcare needs, and evidence of effectiveness.	Both short and long term priorities and plans are based on current and emerging policies and knowledge, the population's health and healthcare needs, evidence of effectiveness, and the corporate citizenship role.	Short and long term priorities and plans are regularly reviewed, reflecting change in current and emerging policies and knowledge, the population's health and healthcare needs, evidence of effectiveness, and the corporate citizenship role.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation commissions and/or provides disease prevention and health promotion programmes and services. These services improve health and address health inequalities that demonstrably reflect local health and healthcare needs of the population and meet the requirements of current and emerging national and local plans, as well as evidence of effectiveness.	Programmes/services reflect local health and healthcare needs of the population and meet requirements of the NSFs, national plans and targets.	Programmes/services exceed requirements and reflect the local health and healthcare needs of the population, as well as evidence of effectiveness.	Programmes/services exceed requirements, reflect local health and healthcare needs of the population and evidence of effectiveness. A range of providers (voluntary, statutory and private) is contracted.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation actively works with partners at all phases of the public health cycle to improve health and reduce health inequalities. These phases are: • **data collection, analysis and use** • **prioritising, planning, commissioning and delivery of programmes and services** • **policies and practice to support healthy lifestyles** • **monitoring and evaluation** • **ensuring capacity and capability**	There is evidence of partnership working, with partnerships limited primarily to other healthcare organisations and to specific health topics.	Partnership arrangements are resourced and reflect the diversity of the local community and the voluntary, statutory and private sectors. There are agreed priorities for improving health and reducing health inequalities that cover specific health topics, as well as a broader approach (e.g. settings and whole systems based work, tackling wider determinants of ill health).	There is evidence of joint commissioning strategies, including with local authorities, joint appointments where appropriate and pooling of resources to deliver improvements in health and reduce health inequalities.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation seeks the active participation of patients and the public in identifying and assessing local health needs, including health inequalities.	Participation is sought from patients and the public, with evidence that these views are taken into account in assessing local health needs.	Participation reflects the diversity of local population, and health needs assessment reflects their input.	There is resourced, systematic and ongoing participation across the community which impacts on policies and plans. Arrangements are linked across all key organisations, including local authorities, in the area.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation implements policies and practice to improve health and reduce health inequalities among the workforce.	There is evidence of policies and practices to support healthy lifestyles among the workforce.	Policies and practices cover a range of issues among the workforce, such as stopping smoking, bicycle racks, low cost gym memberships and stress reduction.	Policies and practices cover a range of issues and are monitored for effectiveness and impact on improving health and reducing health inequalities among the workforce.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation uses its capacity for procurement and employment to improve health, reduce health inequalities and contribute to the regeneration of local communities.	The workforce is mapped against the local population and an action plan is in place. There is a procurement plan that takes into account health and health inequalities.	Workforce planning/training and development are in place to enable local people to progress through the employment structures. There are contracts with local suppliers for commodities and services.	The workforce broadly reflects the local population. Procurement practices contribute significantly to improving health and reducing health inequalities. The healthcare organisation works with other organisations, including local authorities, to promote and support local procurement.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation ensures that commissioned and provided services for treatment, disease prevention and health promotion programmes, as well as its role as a good corporate citizen, are monitored and evaluated with a focus on health improvement and reducing health inequalities. Results are fed back into the planning process.	Systems are in place for continuous monitoring, evaluation and dissemination of findings, including ensuring outcomes are fed into the planning cycle.	Outcomes from internal and external monitoring and evaluation are reflected in changes to services and programmes.	Outcomes from monitoring and evaluation, including more in depth research on effectiveness and impact of initiatives, are fed into the planning cycle and lessons learned are widely disseminated.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation regularly monitors and evaluates its public health partnership arrangements.	A process is in place and partnership arrangements are monitored and evaluated.	Findings of monitoring and evaluation are analysed. The results are shared with partners, particularly local authorities, and used to make organisational changes to partnership working.	Outcomes from monitoring and evaluation are reflected in changes to partnership arrangements and lessons learned are widely disseminated.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation has the capacity and capability to systematically and effectively deliver its public health responsibilities.	The healthcare organisation identifies sufficient staff with public health skills and responsibilities to undertake public health related activities in relation to the organisation's role.	A multiagency public health practitioner workforce is identified. A programme for training and development is in place.	Multiagency workforce training and development takes place, reaching a significant proportion of front line staff across health, local authorities and other organisations, with learning widely shared.

Note for section D13c

This section focuses on identifying current and potential hazards to the public's health. D13c makes explicit reference to *Getting ahead of the curve* (Department of Health) and considers aspects of infectious disease, including the potential spread of infections by tourism. The proposed criteria reflect areas such as the need for healthcare organisations to undertake surveillance and to provide resources for managing of current and potential hazards in relation to infectious diseases, where appropriate.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation has up to date plans to deal with major incidents, emergency situations and the management of infectious diseases. These plans draw extensively on national and international examples of good practice.	The healthcare organisation has up to date plans for major incidents and emergency situations, including the management of infectious diseases, which demonstrate the influence of learning from previous tests.	The healthcare organisation has up to date plans for major incidents and emergency situations, including the management of infectious diseases, which use learning from previous tests with partners and national examples.	The healthcare organisation has up to date plans for major incidents and emergency situations, including the management of infectious diseases. Learning from local, national and international testing is used to shape its plans and predict future hazards to health, and is disseminated widely.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation works with key partner organisations, the public and specified groups in the preparation and testing of major incidents.	The healthcare organisation regularly consults and works with local authorities and other partner organisations in the preparation and testing of major incidents.	The healthcare organisation regularly consults and works with local authorities and all other key partner organisations and identifies specific groups that need to be consulted as part of the preparation and testing of major incidents.	The healthcare organisation regularly consults, holds events and works with specific groups and the public in the preparation, testing and planning of current and potential major incidents, including infectious disease outbreaks.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation mobilises staff to respond to incidents and emergency situations and provides an appropriate range of services that meet the specific needs of all incidents, emergencies or potential future hazards.	The healthcare organisation provides the appropriate level of response, in terms of numbers of personnel and personnel with specific skills, to incidents and emergency situations.	The healthcare organisation provides the appropriate level of response, in terms of numbers of personnel and personnel with specific and specialist skills, to incidents and emergency situations and is informed by best practice.	The healthcare organisation provides the appropriate level of response, in terms of numbers of personnel and personnel with specific skills, to incidents and emergency situations and provides recognised national and international skills for current and potential future hazards.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation has allocated resources to systematically and effectively deliver their public health responsibilities in relation to emergency planning.	The healthcare organisation assigns adequate resources to ensure activities, such as surveillance, horizon scanning and the development of systems for identifying current and future hazards, may be undertaken.	The healthcare organisation assigns adequate resources, which include provision of specialist training for specific staff.	The healthcare organisation assigns adequate resources, which include provision of specialist training for specific staff and simulation exercises with partners.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation has clear guidelines for the management of infection following major outbreaks (e.g. tuberculosis outbreak).	The healthcare organisation has up to date and evidence based guidelines for the management of infection following major outbreaks.	The healthcare organisation has up to date guidelines for the management of infection that are informed by evidence from partners and national and international studies.	The healthcare organisation leads on the design and testing of guidelines for managing infection following major outbreaks.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation has, where appropriate, mechanisms for managing potential hazards posed by travellers and transient populations (e.g. transmission of infectious diseases by tourism).	The healthcare organisation has up to date guidelines for planning and managing potential hazards posed by tourism.	The healthcare organisation is proactive in planning and managing potential hazards with partners (e.g. ports of entry).	The healthcare organisation has international links when planning and managing potential hazards posed by tourism.

Elements of the standard	Satisfactory performance	Good performance	Very good performance
The healthcare organisation has developed mechanisms to engage patients and the public in surveillance and monitoring.	The healthcare organisation consults members of the public and patients, where appropriate, on activities such as the surveillance and monitoring of potential hazards.	The healthcare organisation consults members of the public and patients and has standing lay members on appropriate committees and groups.	The healthcare organisation regularly seeks the views of patients and members of the public on all aspects of surveillance, monitoring and planning and there is evidence that this advice is used.

Sources of information to act as an initial check on performance in relation to standards

The Healthcare Commission will use a range of sources of information to corroborate a healthcare organisation's declaration of compliance with the core standards. This information will not be used to assess whether standards have been met, but to indicate whether or not there is a need for further enquiry. It will include information from other regulators, national data sources and information from other activities of the Healthcare Commission. We are currently in the process of investigating what information other regulators are able to share with us, and have presented examples of potential sources of information and sources for consultation. The Healthcare Commission reserves the right to refer to any other information it may receive from time to time, which may have implications for assessment in relation to standards.

Healthcare Commission's intelligence

Surveys of patients	Analysis of the results from a range of surveys of patients undertaken by the Healthcare Commission
Surveys of staff	Analysis of the results from the annual survey of staff undertaken by the Healthcare Commission
Complaints and investigations	Information on trends and reporting of second stage complaints and substantive findings from investigations
Acute hospital portfolio	Indicators from studies looking at specific topics in acute hospitals e.g. risk management, ward complaints, continuing professional development, ward cleanliness
Improvement reviews	Relevant information from Healthcare Commission's reviews
Local presence	Intelligence from the Healthcare Commission's local offices

Examples of information from other regulators, inspectors, auditors or professional bodies

Audit Commission and external audits	Results of local and national reports and audits
Commission for Social Care Inspection (CSCI)	Inspection reports and some specific indicators eg those linked with child protection
Criminal Records Bureau (CRB)	Information on checking of criminal records before recruitment of health staff
Department of Health information about medical devices	Verification of current registration with a notified body of some types of medical equipment
Department of Health national research register	Confirmation of health care organisations who have registered that they undertake research
Environment Agency	Information on waste management
Evidence from other local organisations	Information from visits and contacts with local stakeholders, e.g. patient forums

Health and Safety Executive (HSE)	Information on organisations in which specific enforcement orders of the HSE are in place and specific national data sets such as those on compliance with regulations on fire and safety
Health Protection Agency (HPA) data	Information on levels of hospital acquired infections and preparedness of emergency planning
Health Service Ombudsman	Information from reports in which the Ombudsman has looked at specific complaints about an organisation
Improving Working Lives (IWL) and Investors in People	Compliance with good practice in management of staff
Medicines and Healthcare Regulatory Agency (MHRA)	Inspections concerning clinical trials and medical devices
Mental Health Act Commission	Information from visits and reports in relation to the care of a sub set of mental health patients
Monitor	Financial management in foundation hospitals
National Audit office (NAO)	Published sources (e.g. data on infection control)
NHS Information Authority (NHSIA)	Scores from the information governance toolkit, which look at the appropriate management of information
NHS Litigation Authority (NHSLA)	Assessment of issues of individual risk management as part of clinical negligence scheme for trusts (CNST) and risk pooling scheme for trusts (RPST) visits
National Patient Safety Authority (NPSA)	Information on whether healthcare organisations are reporting to the NPSA
Overview and scrutiny committees	Information from contact with local stakeholders
Patient environment action teams (PEAT) and estates information	Information on a range of issues including hospital cleanliness, staff training of staff and the quality of the environment of care
Professional and registration bodies	Results from reports of routine peer reviews and visits regarding training (e.g. from royal colleges)
Public health observatories	Local and national sources of information about levels of public health and local actions
Waste Management Industry Training and Advisory Board (WAMITAB)	Routinely collected data on waste management training

Examples of sources of national data

National priority targets	Performance in meeting existing and new national targets
Performance indicators	Range of performance indicators such as those used in star ratings
Primary care prescribing data	Summary information on patterns of prescribing by GPs
Hospital Episode Statistics	Analysis of information following a stay in hospital. For example, (HES) trends in rates of morbidity and mortality compared with similar healthcare organisations
National audits	Participation in specific national audits and (potentially) results from specific audits for example coronary heart disease audit of thrombolysis
Department of workforce statistics	Information on vacancies, turnover of staff, etc.
Other national surveys and data sets	For example: • RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) • harassment or violent incident reported • information on mapping of services in mental health • the national healthy school standard data • crime and disorder reduction partnership data • best value performance indicators
Measures of the health status of the population	For example: • life expectancy at birth • incidence, e.g. cancers • infant mortality • health improvement indicators, e.g. relating to stopping smoking, services for those using drugs, sexual health services
Health service activity information	For example: • uptake and use of specific services • standardised rates of admission e.g. by condition • rates of screening and immunisation

Annex 5: Calculating the annual performance rating

There are many different approaches that we could take to aggregating the individual elements of assessment to produce a single rating. The two options outlined below aim to be both simple and transparent.

Option 1

The first option uses a mixture of a simple points system with some additional rules. To determine the score for current performance we will convert the summary scales into a numerical value (see table below). The points for each assessment element will be added together and divided by the maximum possible points to calculate a percentage value. This percentage will then be translated directly into a final rating for performance from 'very good' to 'serious concerns'.

Category	Points
Very good performance	4
Good performance	3
Satisfactory performance	2
Unsatisfactory performance	1
Serious concerns about performance	0

We will not use the assessment of leadership in the 2005/2006 ratings. However, we do expect to use this in the overall ratings in future years. During the consultation period, we will discuss how we should deal with the assessment of leadership and organisational capacity. It relates to prospects for future performance rather than current performance and is, therefore, different from the other elements of assessment. We could report on such assessments separately, or use a specific approach which would then have to be incorporated into the overall assessment.

The table below offers a guide to how this process would work for a trust.

Example: St Someone's NHS Trust

Element of assessment	Summary	Equivalent points	*Max possible*
Core standards	Satisfactory	2	*3*
Existing targets	Satisfactory	2	*3*
Use of resources	Satisfactory	2	*3*
Other regulatory findings	Unsatisfactory	1	*3*
Review: Children's NSF	Very good	4	*4*
Review: Hospital acquired infection	Good	3	*4*
New national targets	Satisfactory	2	*4*
	Sum	16	*24*
	Percentage	67%	= 'Good performance'

As well as this basic arithmetic approach, we will also include some simple rules that might 'override' any NHS trust's rating in certain circumstances. These could include:

- failure to achieve two or more existing targets would automatically limit a trust to an overall rating of 'serious concerns'
- failure to meet all core standards would automatically equate to an overall rating of no more than 'unsatisfactory'
- to obtain a final rating of 'very good', an organisation must be at least 'satisfactory' on basic elements and at least 'good' on all

improvement elements of its annual review (new national targets, local targets and progress against developmental standards)

Option 2

A second option might be to base the final rating solely on a set of defined rules which clearly emphasise the importance of the various elements in the framework of assessment. This is shown below.

Score	Rule
Very good	A score of good on the core standards, existing targets, use of resources, other regulatory findings **AND** a score of good or very good on new national targets, local targets and progress against developmental standards
Good	A score of at least satisfactory on core standards, existing targets, use of resources and other regulatory findings **AND** at least one score of good and no scores of unsatisfactory or below on new national targets, local targets and developmental standards
Satisfactory	A score of at least satisfactory on core standards, existing targets, use of resources and other regulatory findings **AND** a score of at least satisfactory on new national targets
Unsatisfactory	A score of unsatisfactory on one of core standards, existing targets, use of resources, other regulatory findings and new national targets
Serious concerns	A score of serious concerns on any one or more of core standards, existing targets, use of resources, other regulatory findings and new national targets **OR** a score of unsatisfactory on two or more of these components

Annex 6: Coverage and phasing of components of assessment by type of trust

Assessments that will inform NHS organisations' annual reviews from 2005/06

	Getting the basics right (Chapter4)				Making and sustaining progress (Chapter 5)			
	Core standards	Existing targets	Use of resources	Regulatory findings	Improvement reviews	Improvement reviews: leadership assessment	New national targets	Local targets
Acute, specialist and foundation trusts [1]	Yes	Yes	Yes	Where relevant	Where relevant	From 2006/2007	Yes	From 2006/2007
Primary care trusts	Yes	Yes	Yes	Where relevant	Where relevant	Pilots	Yes	From 2006/2007
Ambulance trusts	Yes	Yes	Yes	Where relevant	Where relevant	Pilots	Yes	From 2006/2007
Mental health trusts	Yes	Yes	Yes	Where relevant	Where relevant	From 2006/2007	Yes	From 2006/2007
Learning disability trusts	Yes	No	Yes	Where relevant	Where relevant	From 2006/2007	TBC	From 2006/2007
Care trusts	Yes	Yes	Yes	Yes	Where relevant	From 2006/2007	Yes	From 2006/2007

Notes:
1. TBC = to be confirmed
2. From 2006/2007 means that an assessment of this component will not contribute to annual ratings in 2005/2006
3. Pilot assessments of leadership will not be used in the 2005/2006 ratings, but the findings are expected to be reported.

[1] Currently foundation trusts are acute trusts. In the future other types of trusts will be able to attain foundation status

Annex 7: Timetable for preparing each NHS trust's 2005/06 annual review and performance rating

Spring 2005	• We will issue guidance which will help NHS organisations to assess whether they are meeting the core standards • We will announce which improvement reviews we intend to begin during the year, which organisations they will affect and the schedule for each. As part of this we will decide which trusts will be assessed for leadership and organisational capacity during 2005/2006 (expected to be some PCTs and ambulance trusts) • We will publish guidance on how we intend to assess performance in meeting existing and new national targets
From May 2005	• We will request information for the first improvement reviews – likely to include misuse of substances, public health and children's hospital services – from the relevant organisations
From July 2005	• Those trusts involved in the first improvement reviews will receive our assessments
August 2005	• We will send out the self assessment tool to those trusts that are being assessed as part of the improvement review on leadership and organisational capacity for return within six weeks. We will also request information linked to this assessment
September 2005	• NHS organisations will return their statement of compliance with core standards or declare that they are at risk of not complying. If a trust admits any risk of non-compliance, we will require an action plan by the end of September • We will begin in depth reviews of those organisations that we have assessed in an improvement review as giving cause for concern or among those whose high performance may help others
October 2005	• Those trusts that are being assessed for leadership and organisational capacity will receive our assessment. We will resolve queries about data
November 2005	• We will begin visits to a minority of trusts looking at leadership and organisational capacity. These will be the trusts that have done particularly badly or well on the initial assessment
December to January 2006	• We will conduct 'spot checks' on trusts when our information or evidence from others causes us to doubt the trust's self assurance on core standards. We will also 'spot check' a further number of trusts at random
April to June 2006	• We will share with all trusts the final results and the scores that will feed into performance rating for all assessments and verify them with them
June 2006	• We will share with trusts the results that we intend to use for all the contributions to the annual performance rating for trusts
Summer 2006	• We will publish the results of the performance ratings for all trusts

Annex 8: Programme of improvement reviews

The improvement reviews being piloted in 2004/2005 are:

- children's hospital services, based on the national service framework
- public health review of sexual health
- public health review of tobacco control and smoking
- substance misuse services (jointly with the National Treatment Agency)
- adult community mental health services (jointly with the Commission for Social Care Inspection)
- older people's services (jointly with the Commission for Social Care Inspection and the Audit Commission)

We are carrying out these pilots to assess which of these topics we should conduct as full reviews in 2005/2006. Although they will take place in NHS organisations, we envisage that the methods that we have designed will be equally applicable to public and independent healthcare providers.

We are also giving priority to the development of the method of assessment for that element of governance relating to the assessment of leadership and organisational capacity. This will begin in Autumn 2005 and will be phased in over three years.

In addition to the reviews planned for 2005/06, we are now giving priority to developing work on the following aspects of healthcare:

- patient safety, focusing on the control of hospital acquired infections and on hospital cleanliness, and with reference to the wider developmental standard on safety
- public health, local area reviews of public health (in collaboration with the Audit Commission) including the compliance with developmental standards
- access to healthcare, including commissioning by PCTs, with reference to the developmental standard on access
- heart failure, focusing on the implementation of NICE's guidelines relating to management of intensive cases
- a cross inspectorate study of best practice in the implementation of schemes relating to race, diversity and human rights
- joint area reviews of children's services to be carried out under provisions of the Children's Act 2004. These reviews will be led by Ofsted and will involve teams of inspectors drawn from Ofsted, CSCI, the Audit Commission, criminal justice inspectorates and ourselves

Further material on the programme of improvement reviews will be published on the Healthcare Commission's website in due course.

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لجنة الرعاية الصحية تعزم على تغيير طريقة تقييمها لأداء الخدمات الصحية. نرغب مساعدتك لنضمن أننا ننظر إلى الأمور الأكثر أهمية لك. اذا رغبت في الحصول على نسخة من هذا التقرير بلغتك الاولى الرجاء الاتصال بهاتف رقم ٠٨٤٥ ٦٠١ ٣٠١٢ ARABIC

স্বাস্থ্য সেবা-ব্যবস্থাগুলো কতটা ভালো কাজ করছে সেটা যে পদ্ধতিতে মূল্যায়ন করা হয় হেলথকেয়ার কমিশন তা পরিবর্তন করতে যাচ্ছে। আপনার কাছে যে বিষয়গুলো গুরুত্বপূর্ণ আমরা যাতে সেগুলোর প্রতি নজর দিতে পারি সেটা নিশ্চিত করার লক্ষ্যে আমরা আপনাদের সাহায্য চাই। যদি আপনি আপনার প্রথম ভাষায় এই রিপোর্টটির অনুলিপি (কপি) পেতে চান, তাহলে দয়া করে 0845 601 3012 নম্বরে ফোন করুন। BENGALI

保健专署正在更改对各项健康服务的绩效进行评估的方式。我们想得到你的帮助以确保我们考虑对你最有关系的事宜。如果你需要这份文件的中文翻译，请致电 0845 601 3012 提出要求。 CHINESE-SIMPLIFIED

保健專署正在更改對各項健康服務的績效進行評估的方式。我們想得到你的幫助以確保我們考慮對你最有關係的事宜。如果你需要這份文件的中文翻譯，請致電0845 601 3012 提出要求。 CHINESE-TRADITIONAL

Η Επιτροπή για την Φροντίδα της Υγείας (Healthcare Commission) αλλάζει τον τρόπο με τον οποίο αξιολογεί την απόδοση των υπηρεσιών υγείας. Θέλουμε τη βοήθειά σας για να εξασφαλίσουμε ότι στρέφουμε την προσοχή μας στα σημαντικότερα για σας θέματα. Αν επιθυμείτε να λάβετε αντίγραφο της έκθεσης αυτής στη μητρική σας γλώσσα, παρακαλούμε τηλεφωνήστε στον αριθμό 0845 601 3012. GREEK

હેલ્થ સર્વિસીઝ કેવી કામગીરી કરે છે તેનું જે રીતે હેલ્થકેર કમિશન મૂલ્યાંકન કરે છે તેની રીતમાં તે ફેરફાર કરે છેતમારા માટે શું મહત્વનું છે તે જાણવામાં ખાત્રી કરવા માટે અમને તમારી મદદની જરૂર છે. તમારી પ્રથમ ભાષામાં આ અહેવાલની તમારે નકલ જોઈતી હોય તો મહેરબાની કરી અમને 0845 601 3012 પર ફોન કરો. GUJARATI

द हैल्थकेअर कमिशन उन तरीकों को बदल रहा है जिसके द्वारा वह इस बात का मूल्यांकन करता है कि स्वास्थ्य सेवाएँ कैसे काम कर रही हैं। हमें आपकी सहायता की आवश्यकता है जिससे यह सुनिश्चित किया जा सके कि आपके लिए सबसे पहले क्या ज़रूरी है। यदि आपको इस रिपोर्ट की एक कॉपी आपकी पहली भाषा में चाहिए हो तो नम्बर 0845 601 3012 पर सम्पर्क करें। HINDI

La Commissione dell'Assistenza Sanitaria stà modificando il modo con cui controlla il funzionamento dei servizi sanitari. Noi vogliamo il vostro aiuto per assicurarci di prendere in considerazione ciò che voi considerate importante. Se desiderate avere una copia di questa relazione nella vostra propria lingua chiamate il numero 0845 601 3012. ITALIAN

Komisja ds. Opieki Zdrowotnej zmienia sposób oceny funkcjonowania służby zdrowia. Potrzebujemy Państwa pomocy, by upewnić się, że zajmujemy się kwestiami, które są dla Państwa pierwszej wagi. Egzemplarz tego sprawozdania w języku ojczystym można otrzymać, dzwoniąc pod 0845 601 3012. POLISH

ਦ ਹੈਲਥਕੇਅਰ ਕਮਿਸ਼ਨ ਉਨ੍ਹਾਂ ਤਰੀਕਿਆਂ ਨੂੰ ਬਦਲ ਰਿਹਾ ਹੈ ਜਿਸਦੇ ਰਾਹੀਂ ਉਹ ਇਸ ਗੱਲ ਦਾ ਜਾਇਜ਼ਾ ਲੈਂਦਾ ਹੈ ਕਿ ਸਿਹਤ ਸੇਵਾਵਾਂ ਕਿਸ ਢੰਗ ਨਾਲ ਕੰਮ ਕਰ ਰਹੀਆਂ ਹਨ। ਸਾਨੂੰ ਤੁਹਾਡੀ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਜਿਸਦੇ ਨਾਲ ਇਹ ਨਿਸ਼ਚਿਤ ਕੀਤਾ ਜਾ ਸਕੇ ਕਿ ਤੁਹਾਡੇ ਲਈ ਸਭ ਤੋਂ ਪਹਿਲਾਂ ਕੀ ਜ਼ਰੂਰੀ ਹੈ। ਜੇ ਕਰ ਤੁਹਾਨੂੰ ਇਸ ਰਿਪੋਰਟ ਦੀ ਇਕ ਕਾਪੀ ਤੁਹਾਡੀ ਪਹਿਲੀ ਬੋਲੀ ਵਿਚ ਚਾਹੀਦੀ ਹੋਵੇ ਤਾਂ ਨੰਬਰ 0845 601 3012 ਤੇ ਸੰਪਰਕ ਕਰੋ। PUNJABI

Guddoonka Daryeelka Caafimaadka (Healthcare Commission) waxay beddeli donaan habka qiimeynta hawlgalka ee adeegyada caafimaadka. Waxaanu dooneynaa in aad naga caawisid sidii aanu ku ogaan lahayn baahida ugu muhiimsan. Haddaad u baahan tahay koobbiga warbixintani oo ku qoran luqaddaada hooyo, fadlan waxaad soo wacdaa telefoonka 0845 601 3012. SOMALI

Sağlık Komisyonu, sağlık hizmetlerinin nasıl yürütüldüğünü değerlendirme yöntemini değiştiriyor. Sizin için en önemli konulara eğildiğimizden emin olmak için yardımını almak istiyoruz. Bu raporun kendi dilinizde bir kopyasını edinmek isterseniz lütfen 0845 601 3012 numaralı telefonu arayın. TURKISH

ہیلتھ کیئر کمیشن، صحت کی سروسوں کی کارکردگی کا تعین کرنے کے اپنے طریقہ میں تبدیلی کر رہا ہے۔ ہم آپ کی مدد چاہتے ہیں تاکہ ہمیں یقینی طور پر پتہ ہو کہ ہم جن چیزوں کا جائزہ لے رہے ہیں وہ آپ کے لئے سب سے زیادہ اہمیت رکھتی ہیں۔ اگر آپ کو اس رپورٹ کا نسخہ اپنے استعمال کی پہلی زبان میں درکار ہو تو 0845 601 3012 پر فون کیجئے۔ URDU

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